be retoined

24 hours after death

within

requires that the death certificate be executed

FUNERAL DIRECTOR

23c. NAME OF CEMETERY OR CREMATORY LOCUST GROVE

2So. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

Melanles

(County)

(Stote)

0.2260 Albert School Commence of the Commence of the

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08251

CERTIFICATE OF DEATH

08239

Sykesville 5mos 6 dvs Silver Spri	b. COUNTY Montgomery rporote limits, write RURAL and give neorest town)									
Sykesville 5mos 6 dvs Silver Spri	rporote limits, write RURAL and give nearest town)									
Sykesville 5mos 6 dvs Silver Spri	ibnine unitiz's while knywe our disa siste menezi, town)									
Sykesville Smos. 6 dvs. Silver Spri										
A MANUE OF HORBITAL OR INCOMPLETED AT A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE									
12- Springfield State Hospital 11802 Georg	ia Avenue YES NO									
3. NAME OF First Middle Lost 4. DA										
	ATH June 3 19 66									
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. IF UNDER 24 HR									
Female White WIDOWED DIVORCED 9-21-94	71 Yrs. Worlds boys Hours Min.									
10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote,										
during most of working life, even if refired) INDUSTRY	COUNTRY?									
None Poland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	U.S.A.									
	Naturalized									
Steven Augustofski Unknown										
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	Address									
(Yes, no, or unknown) (If yes give wor or dotes of service) No Records, Springf	ield State Hospital									
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	INTERVAL BETWEEN									
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bilateral bronchopneumonia	ONSET AND DEATH									
491 X DUE TO										
	3									
rise to immediate couse (a)	days									
stoting the underlying couse DUE TO	1 - 1 - 10 - 10 - 10 - 10 - 10 - 10 - 1									
last, (c)										
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION										
Chronic brain syndrome associated with cerebral arter psychotic reaction. 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CICAUSE OF DEATH OR CONTRIBUTING CICAUSE OF DEATH OR CONTRIBUTING CICAUSE OF DEATH	loscierosis, with YES NO									
E 20o. ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I o	r Port II of item 18.)									
	Of. (City or town) (County) (State)									
Hour o.m. p.m. 19 While Not While of work of work										
	to 6.9.66 10 that (1) (wa) lar									
saw the deceased alive an 6-8-56 19 , and that death accurred at	oda 1686, 19, that (I) (we) las									
220. SIGNATURE / · O O O	22b. DATE SIGNED									
ATTENDING MED.	STAFF COLC									
M.D. PHIS.										
	ngfield State Hospital sville, Maryland 21784									
	CARLES BULLY LINE									
	111.									
BURIA (Specify) 6-11-66 St. LAdis/AUS (Employ)	HITEGANY CO. PH.									
24. FUNERAL DIRECTOR 250. REC'D'BY RE	M 400 M									
Harry W. Halest Sylerville, 11a. DARUN I	1966 Icharles Judges									

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending plycentin and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then proce remove carbon papers. Pages 1 and 2 should be filed with the State Dept. at Health priar to burial, crematian, or removal, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

> VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

			CEDTIFICATE	OF DEATH	, =,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	21201
L	08252		CEKTIFICATE	OF DEATH		08240
Ĭ.	PLACE OF DEATH				here deceased lived, if institution:	Residence before admission)
	Carro	ll	MARYLAND	a. STATE	ryland COUNTY	Carroll
	b. CITY OR TOWN (If autside co	arparate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If out	side carporate limits, write RURAL	and give nearest town)
1/	Vestminster	1)	1 day	Whiten	notes RT	#5-06-1
	d. NAME OF HOSPITAL OR INSTI	TUTION (If not in hospital, giv	/e street address	d. STREET ADDRESS	A STATE OF THE PARTY OF THE PAR	B. IS RESIDENCE ON A FARM?
5	Carroll	Co. Genes	al Hospita	1 Chr	ndale	YES NO
3.	NAME OF DECEASED	First	Middle	Last	4. DATE Month	Day Year
L	(Type or print)	ORA	MAY ISE	-ACHAM	DEATH	27 1966
S.	SEX 6. COLOR	OR RACE 7. MARRIED Z	NEVER MARRIED 8	8. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS.
1.	Junale Wy	ute WIDOWED	DIVORCED .	Oct. 27 18	98 67 yrs.	
10 dx	of USUAL OCCUPATION (Give kind of kingshast af warking life, even if r	of work done 10b. KIND	D OF BUSINESS OR USTRY	11. BIRTHPLACE (County &	State, ar fareign country)	12. CITIZEN OF WHAT COUNTRY 2
	mmst-west		JJIKI .	Carroll	w. md.	U.S.a.
13	3. FATHER'S NAME	91	2 11	14. MOTHER'S MAIDEN NA	AME	
	William	· Thomas	- Inthe	mile	ue Anno	m
15	S. WAS DECEASED EVER IN U.S. ARA Yes, na, ar unknawn) (If yes give v	MED FORCES? 16. SO/ war ar dates af service)		NFORMANT	Address	Same
		- 41	7-36-4352m	1-1- Dline	dull Blacker	on address
	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	anly one cause per line for (a	_	_ /.	01	INTERVAL BETWEEN ONSET AND DEATH
	I IMME	EDIATE CAUSE (o)	NYOCARDIA	L FAIL	URE	MONTHS
	T 200	DUE TO		1/-		4 -
	Conditions, if any, which gave rise to immediate cause (a)). ().	ERIOSCLEROTI	IC HEART	DISEASE	VEARS
	stating the underlying cause last.	- 1				
		(c)	DELYH DIIT NOT BELATED TO	THE TENNING DISTANCE COUR	AND AMEN IN DARK AC A	TIO THIS HITODON
NOL	PART II. UTER SIGNIFICANT C	UNDITIONS COMIKIBUTING TO	DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE CONL	OHION GIVEN IN PAKE 1(0)	19. WAS AUTOPSY PERFORMED?
3	20g. ACCIDENT WAS UNDERLYIN	I 20h DECC	IREMIA CRIBE HOW INJURY OCCURRED. (Francisco of latin to D	and the Panel II of the country	YES NO
CERTIFICATION	OR CONTRIBUTING CAUSE OF	F DEATH	KIBE HOW INJUNT OCCURRED. (truter nature at injury in re	art I ar Part II at Item 18.,	
	L LIF LITTLE, MUTIFI MEDICALEAN		URY OCCURRED 20e. PLAC	CE OF INJURY (Harne, farm,	20f. (City or tawn)	(County) (State)
MEDICAL	Haur a.m.	While -	Nat While facto	ary, street, affice bldg., etc.)	201. (City of towit)	(county) (state)
	p.m.	I di wdik =	ed the deceased from	6/26 . 19	166 to 6/27	10/-(that (1) (wa) last
	saw the deceased of		19 6 and that	death occurred of	238 M. from rouses and	, 1966, that (I) (we) last an the dote stated above.
	22a. SIGNATURE	- 0				22b. DATE SIGNED
	Variet	Al hus	reed of M.D		MED. DIRECTOR D STAFF PHYS.	6/22/66
	22c. PHYSICIAN'S			22d. ADDRESS		4/07/08
L	NAME (Type)	0				
23		36. DATE THEREOF	23c NAME OF CEMETERY OR C		23d, LOCATION (City or Town)	(State)
1	Bereal &	6/29/66	werghens	numonal De	Endena Jan	upstrong, mil
2	4. FUNERAL DIRECTOR	0.	ADDRESS		BY REGISTRAR 2Sb. REGIST	RAR'S SIGNATURE
	x 2.1m	2000 R. 111	Estminelle	MA DATE JU	IN 30 1966 /	Maries Juage

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. The place remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removed and in any event, within 72 hours after death.

VR A15 (4) 20 M 1/66

H158H Market Committee of the treatment " " Letteralle 17 - 5 Carried to Garden Horalte as reduced ORA MAY BERCHAM - L 19 363 27 44 - Topal mark PRINCE THE STEEL William France with strille somin 217-36 4452 Tin P Then Will Buckey a Line Love to 129/26 morning thomas had man - in show the e Der von von Bertham In Mit Wall alle Verlagen

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	08253			CERTI	FICATE	OF DEATH			0	2011	
1	o. COUNTY	Carroll		MA	RYLAND	2. USUAL RESIDENCE o. STATE Mar	E (Where dece	b. cor			ion)
	b, CITY OR TOWN (If or write RURAL and give Westmin	ve nearest town) ster		c LENGTH OF STAY		c CITY OR TOWN (IF		rote limits, write R	URAL and give r	nearest town)	
0	d. NAME OF HOSPITAL Carroll	CO • • Ge			al	d. STREET ADDRESS	hirle	y Manor	Rd.	e. IS RES ON A YES	IDENCE FARM? NO 2
3	NAME OF DECEASED (Type or print)	EVA	rst	Middle	BEA	LL	4. DATE OF DEATI	-	~		ear 56
1		white	7. MARRIED WIDOWED	NEVER MARRI		DATE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDER 1 Y		R 24 HRS.
1 d	Do. USUAL OCCUPATION (Giving most of working life, housewife 3. FATHER'S NAME	ive kind of work done even if retired)	JNI	nd of Business or Dustry home		11. BIRTHPLACE (COU Maryl 14. MOTHER'S MAIDE Elsie	nty & Stote, or t and N NAME	0	COUN	EN OF WHAT	
	S. WAS DECEASED EVER IN Yes, no, or unknown) (If no	yes give wor or dates o	of service) 21	50CIAL SECURITY NO. 6-07-062		eorge F	. Bea	Add	ress e as #	2	
	4200 Conditions, if any, wh rise to immediate co stating the underlyin last.	ouse (o),	TO (b)	Interior	sckro	the plan	+ De	esse	2	ONSET AND	
ATION	PART II. OTHER SIGNII			O DEATH BUT NOT RI		HE TERMINAL DISEASE	CONDITION GIV	/EN IN PART 1(o)		19. WAS AUT PERFORM YES	OPSY NED?
CEDTICICATION		CAUSE OF DEATH	205. DES	SCRIBE HOW INJURY	OCCURRED. (I	Enter noture of injury	in Port I or Po	ort II of item IB.)			
MEDICAL	20c. TIME OF INJURY Hour o.m. p.m.	Month, Doy, Yeor	2Dd. IN While of work	JURY OCCURRED Not While of work	20e. PLAC facto	OF INJURY (Home, for ry, street, office bldg., e		(City or town)	(Count	Y)	(Stote)
		that (I) (this has ased alive an_	nital) attend	led the decenser	fram and that M.D	death accurred ATTENDING PHYS. 22d. ADDRESS	at 650	M, from causes STAFF PHYS.	and on the 22b. DATE	date state	(we) las d abave
2	NAME (Type)	JOHN S	REOF	23c. NAME OF CEN	METERY OR C	8 du	23d. L	OCATION (City or To	own) (Co	7	Stote)
5	REMOVAL (Specify) 24. FUNERAL DIRECTOR C.M.Wall	16-21- tz. Box		St. Ja ADDRESS			C'D BY REGIST	rroll (REGISTRAR'S SIGI	_	nd

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and completely filled in by the funeral director, page 3 should be detoched for use os the burial-transit permit. Then please retneve carbon papers. Pages. I and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and the yevent, within 72 hours offer designed. Page 4 may be retained by the hospital or ottending physicion.

VR A15 (4) 20 M 1/66

1. 有意 1. 6 and the state of the state of

STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH pinous LACT OF DEATH USUAL RESIDENCE (Where dacessed lived, If institution: Residence before admission) a. COUNTY/ 17 P MARYLAND pue b. CITY OR TOWN (if outside corporate, limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) NAME OF DECEASED (Type or print) DEATH carbon 6. COLOR OR RACE 7. MARRIED THEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS and last birthday) Months WIDOWED DIVORCED T physician USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) rosse-will 13. FATHER'S NAME ā 15. WAS DECLASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yas, no, or Unkown) ((Ifvasgive war or datas of service) by the 18. CAUSE OF DEATH |Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava rise to immediata causa DUE TO (a), slating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) prior 20e. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURED) (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or lown) factory, streat, office bldg., atc.) While Not While at work at work P.M. 1946 to 5 - 2 , 1946, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from 22e. SIGNATURE PHYS. DIRECTOR PHYS. death. Page TO FUNER! director, page be filed with 22c. PHYSICIAN'S NAME (Typa) 23a. BURIAL CREMATION. REMOVAL (Spacify) VR A15 (4) 15M 7/61 1966

DIVISION OF STATISTICAL RESEARCH AND RECO

e. IS RESIDENCE ON A FARM? YES NO Z

19

WAS AUTOPSY PERFORMED? NO TH

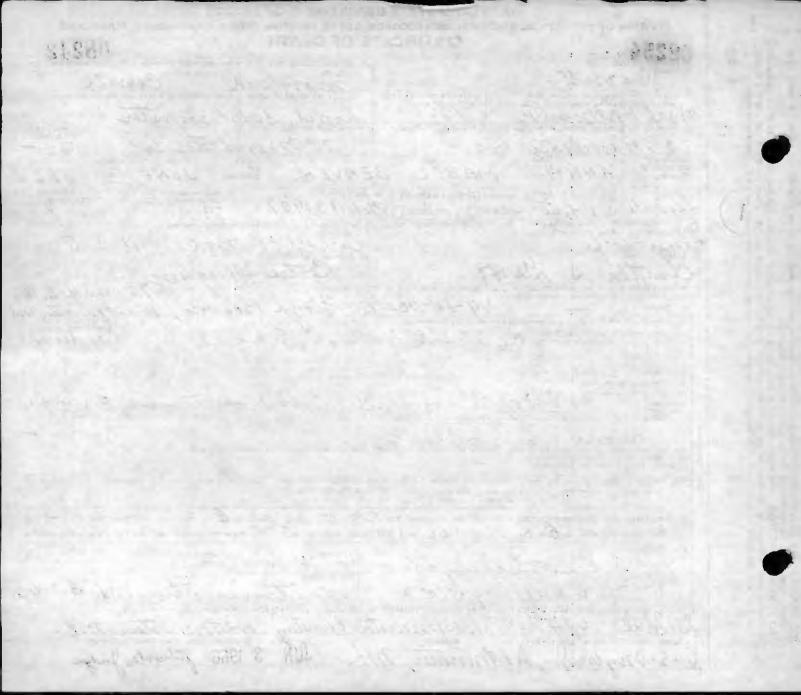
(Stata)

22b. DATE SIGNED

(Stata)

(County)

12. CITIZEN OF WHAT COUNTRY?



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. funeral I and I PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY Carroll in and campletely filled in by the fur se remave carban papers. Pages I din any event, within 72 hours after MARY! AND executed within 24 haurs after c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) b CITY OR TOWN (If autside carparate limits write RURAL and give pearest town) 3 weeks Owings Mills d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Pullen Nursing Home Shipes Lane YES NO 3. NAME OF First Middle last 4 DATE Month Year DECEASED F. 6/26/66 Sadi.e Berryman (Type or print) DEATH 19 9. AGE (n years S. SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 8 DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS lost birthday) Manths Hours June 15, 1881. Female White WIDOWED DIVORCED 10g USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT requires that the death certificate be physician c COUNTRYS A. during most of working life, even if retired)
HOUS EVILLE INDUSTRY Balto. City 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME David E. Little Mary M. Scharf burial, crematian, or rem IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Kenmar Ave (Yes, no, or unknown) (If yes give wor or dates of service) Mr Gilbert M. Berryman Garrison P.O. Md no none IB. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying couse etached far use as the Dept. af Health prior to WAS AUTOPS' PERFORMED? has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) ATTENDING PHYSICIAN: The CERTIFICATION NO TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far un 20o ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item IB.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) Haur am. factary, street, affice blda, etc.) While Nat While at wark at work nuc! 2). I certify that (I) (this hospital) attended the deceased fram, be retained and that death accurred at 11/20M, from causes and an the date stated above saw the deceased alive an Tume 66 19 22a. SIGNATURE 22b. DATE SIGNED ATTENDING director, page 3 shauld be filed v DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S TO HOSPITAL Dr. A. Sani Okutman Obrecht Rd Sykesville, Md. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) 6/29/66 Md Lakeview Memorial Carroll FUNERAL DIRECTOR 25g REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4)

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A STATE OF STATE

2		0825			CERTIF	ICATE	OF DEATH			10234	
line and lin	VT.	PLACE OF DEATH					2 USUAL RESIDENCE	(Where deceased lived, if institu	tion: Residence	before admission)	
by the funerol Pages 1 and ours after deat	/	o. COUNTY	Carroll		MARY	TAND	o. STATE Ma	ryland b. cou	NTY	✓ ·	
be fur		b CITY DR TOWN (If autside corporate I mit	5,	C LENGTH OF STAY I		L	outside carparate limits, write RU	JRAL ond give r	nearest town)	
Pages ours after	1	write RURAL on	give negresi town) Kesville				Baltimo			1 +	
in b	<u> </u>		AL DR INSTITUTION (If no	at in haspital, a	ive street address)		d. STREET ADDRESS			e IS RESIDENÇE	
_ 92	. Gr		d State H				305 S.	Eden Street		ON A FARM?	
三是	_	NAME OF	Fi	rst	Middle		Last	4 DATE Mon	oth	Day Year	
ind completely f remove carbon i ony event, with		(Type or print)	Ro	se	-	Bi	llitz	OF DEATH		26 1966	
nple e co	5.	SEX	6. COLOR OR RACE		NEVER MARRIED		. DATE OF BIRTH	9. ABE (in years	IF UNDER 1 Y		
70 V		female	white	WIDOWED	DIVORCED	n i	unknown	(ost birthdoy)	Months D	Doys Haurs Min.	
and co remoi	1D	O USUAL OCCUPATION	(G ve kind of work done	196 Kil	ND OF BUSINESS OR			y & State, or foreign country)	12 (17)2	EN OF WHAT	
cian c	dυ	ring most of working Rousewol	te, even if retired)	INI	DUSTRY		Maryland		COUN	USA USA	
1997	13	. FATHER S NAME	NAME								
T. E.S.	Isaac Elsasser unknown										
e - Gi			R IN U.S ARMED FORCES?	16. 5	OCIAL SECURITY NO		NFORMANT	Addr			
attending permit. If ion, or rena	ξT	na, ar unknawn)	(If yes give war or dates of	ot service)	none	Spr	ingfield H	lospital recor	rds, Sy	kesville	
	-		ATH (Enter only one cau	ise per line far	(a), (b), and (c).)					INTERVAL BETWEEN	
signed by the burial-transit burial, cremati		PART I, DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE	(n) /	1 alnut	rti				ONSET AND DEATH	
		236	DUE	10	neuma						
signed burial-t burial, c		Conditions, if any		(b) F	neumo						
		rse to immediat		TO							
been s the for to		lost.)	(c)							
os the prior t	-	PART II OTHER S!	GNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT REL	ATED TO T	HE TERMINAL DISEASE CO	INDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED?	
icote hos been for use os the Health prior to	ATTO	Schizopl	renic rea	ction,	hebephre	nic	type.			YES NO	
for He He	CERTIFICATION	200 ACCIDENT WA		205. DE	CRIBE HOW INJURY OF	CURRED.	Enter nature of injury in	Port I or Port II of item 18.)			
ed inf		CIE FITHER NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)								
is c tach	MEDICAL	2Dc. TIME OF INJU	JRY Manth, Day, Year		JURY OCCURRED		E OF INJURY (Hame, far		(Caunt	ty) (State)	
re e re	WES	Hour ou	16	While at wark	Not While	tacto	ory, street, office bldg., etc	r.)			
Afte be Sto		21. I certi	fy that (# (this has	pitol) otten				1926, to 6/26	, 19 61	6, that (1) (we) la	
# Page		sow the d	eceased alive on	6/2	19.66,	ond that	deoth occurred o	tM, from couses	ond on the	dote stated above	
9 % #		22a. SIGNATURE	4 -	2 6	2		ATTENDING	MED. STAFF	22b. DATE		
ed y			Hassan	A. D.	elih	M.D	. PHYS 🔲	DIRECTOR KI PHYS.	0 6/	26/66	
TO FUNERAL DIRECTOR: After this certificate has director, page 3 should be detached for use a should be filled with the State Dept. of Health pr		22c. PHYSICIAN'S NAME (Type		1 A.	Salih,	M · D	22d. ADDRESS S	pringfield Sizkes Ville, No.	tate Ho Lryland	ospital	
SE SE	23	BURIAL, CREMATIC	IN, 23b, DATE TH	ĘREOF	23c NAME OF CEME	TERY OR	REMATORY	23d LOCATION (City of To	own) (C	ounty) \ (State)	
무유 시	0	REMOVAL Specify	(30	166	W.	オし	James	Balta,		Don	
di	2	4. FUNERAL DIRECTO	R		ADDRESS		2Sa. REC	'D BY REGISTRAR 25b /R	REGISTRAR'S SIGI		
VR A15 (4) 1 20 M 1/66	0	2 your	S. Lunga .	Don 3	5319 0 yen	pia	Common DATE	IUL 5 1966	Milan	les Judge	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending play director, page 3 should be detached for use as the burial-transit permit. Then, should be filed with the State Dept. of Health prior to burial, cremation, or remarked VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the leath certificate be executed within 24 hours after death.

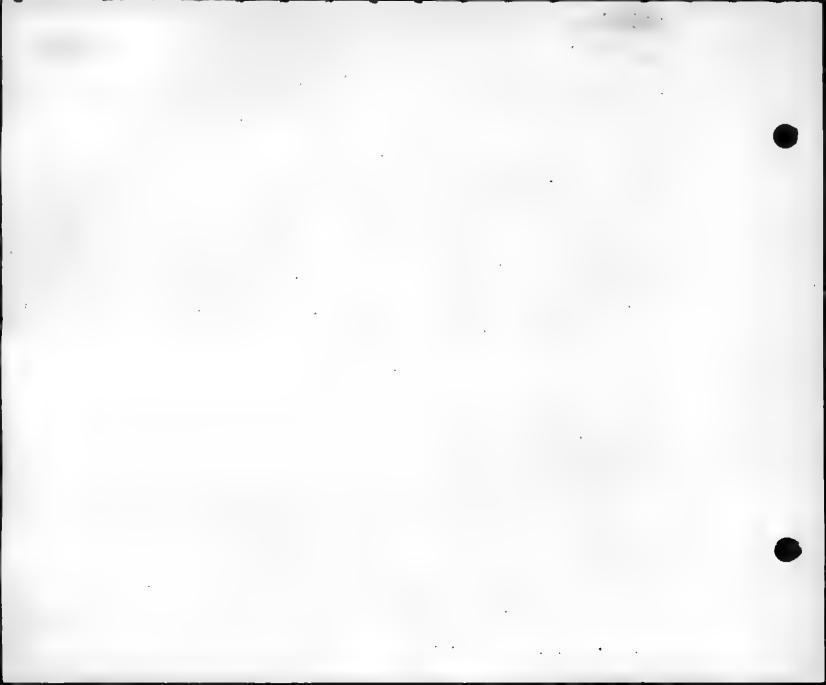
Page 4 may be retained by the hospital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death. and 2 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) the funeral PLACE OF DEATH o. COUNTY **b.** COUNTY MARYLAND campletely filled in by the fur lave carban papers. Pages 1 y event, within 72 hours after b CITY OR TOWN (If outside corporate firmits, LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) inte RURAL and give nearest town e. 15 RES, DENCE ON A FARM? d STREET ADDRESS not in hospital, give street address YES NO Z Temave carban p NAME OF DECEASED 4. DATE Lost BONSACK JENNINGS (Type or pant) 19 66 IF UNDER 24 HRS. 9. AGE (In years YEAR SEX 7 MARRIED NEVER MARRIED B. DATE OF BIRTH lest buthday) Hours DIVORCED 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 100 LSUAL OCCUPATION (Give kind of work done during most of working life, even it remed) COUNTRY? INDUSTRY 13. FATHER'S NAME burial, crematian, or remaval, WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Samo (Yes, no, or unknown) (If yes give wor or dates of service) INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. DUF TO Conditions, if ony, which gove rise to immediate cause (a). DUE TO stoting the underlying couse director, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health prior to last. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO O FUNERAL DIRECTOR: After this certificate 205, DESCRIBE HOW INJURY OCCURRED, (Enter noture of injustin Port I or Port II of item 18.) 20o ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (State) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED (County) Hour a.m. foctory, street, office bldg., etc.) Not While While ot work ot work 1966, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram____ France 12, 1966, ta saw the deceased glive an June 28, 1966, and that death accurred at 1 32 M. fram causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR 22d_ ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION DATE THEREQ LOCATION (City or Town) 24-FUNERAL DIRECTOR 23o. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR

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MARYLAND STATE DEPARTMENT OF HEALTH N OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH Pages 1 and 2 burs after the ath. death. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE/ b. COUNTY after ma MARYLAND CITY OR TOWN (if outside corporate limits, write RUBAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b hours hours marchester = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled IS RESIDENCE ON A FARM? ve carbon papers event, within 72 h STREET ADDRESS NMa 8 YES NO within completely NAME OF Middle Last 4. DATE Month Day Year DECEASED (Type or print) DEATH executed and con SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR HF UNDER 24 HRS. MARRIED NEVER MARRIED [last birthday) Months Days Hours any WIDOWED DIVORCED ermit. Then please re .⊑ 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT ease and in COUNTRY? during most of working life, even if retired) INDUSTRY certificate be 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. the attend it permit. 17. INFORMANT Address death (Yes, no, or unkown) | (If yes give war or dates of service) been signed by the att the burial-transit permi or to burial, cremation, o CAUSE OF DEATH [Enter only one cause per line for INTERVAL BETWEE The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY **OR ATTENDING PHYSICIAN:** The law requires that the retained by the hospital or attending physician. IMMEDIATE CAUSE (a **DUE TO** Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating as th underlying cause last. has CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health asn PERFORMED? certificate YES [NO [After this certification of the detached for 20a. ACCIDENT WAS UNDERLYING SESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) 20b. OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm.) 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. MEDI While Not While 19 at work at work p.m. DIRECTOR: / age 3 should iled with the the 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 3745M. from the causes and on the date stated above. saw the deceased afive on SIGNATURE 22b. DATE SIGNED page **ATTENDING** MED. STAFF M.D. DIRECTOR PHYS PHYS. TO HOSPITAL (Page 4 may 1 TO FUNERAL PHYSICIAN'S 22d. ADD irector, p NAME (Type) should 23d. LOCATION (City, town or County) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 7NAME OF CEMETERY OR CREMATORY ö PEMOVAL (Specify) **FUNERAL DIRECTOR** ADDRESS REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 254/ VR A15 (4) (4) 20M 1/65



FOR STATE HEALTH DEPTH

O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is coessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 3 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. TO DEPUTY MEDIC

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VR A15ME (5)

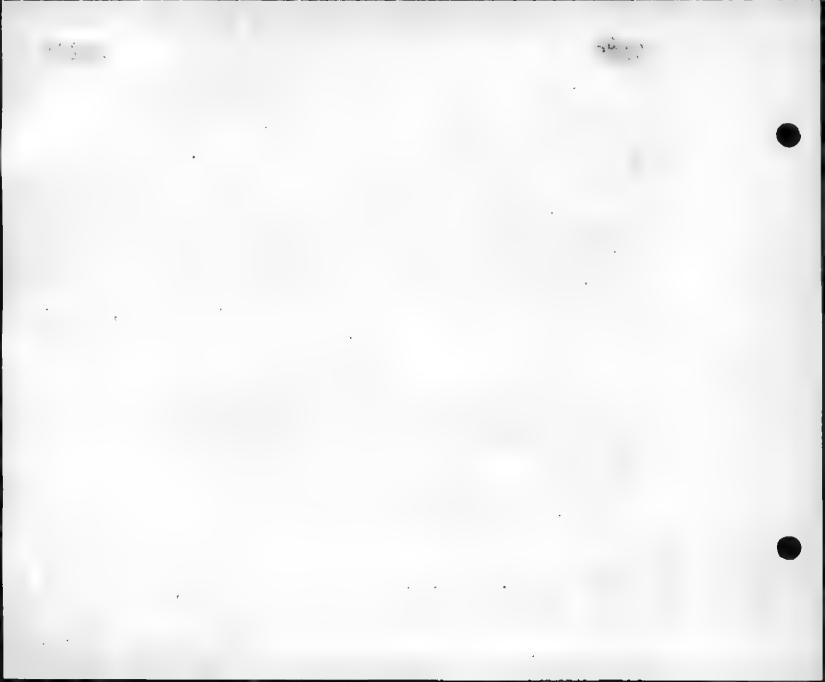
MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH-AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	08259	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	08247
1.	PLACE OF DEATH	7 6 0 1 4 0 1		2. USUAL RESIDENCE	(Where deceased lived, if instit	ution: Residence before admission)
		aviver	MARYLAND	1110		CARROLL _
1	b. CITY OR TOWN write RURAL a	(if outside corporate limits, od give nearest town)	C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If ou	11 11	RURAL end give nearest town)
K	UTA -	y Kesville 1	TEARS	KUTAL	Sy Kesvilli	
	Libert	TAL OR INSTITUTION (If not In hos	spital, give street address)	d. STREET ADDRESS	Road	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF	First	/ Middle	Last 4	. DATE Month	Day Year
L	DECEASED (Type or print) /	MINNIE E	CNA /	JURTON	OF JUNE	28, 1966
5.	SEX	S. COLOR OR BACE 7. MARRIED	A MEARK MAKKIED	8. DATE OF BIRTH Feb. 23 18		UNDER 1 YEAR IF UNDER 24 HRS. Onths Days Hours Min.
10	A LISUAL OCCUPATIO	WIDOWED [N (Give kind of work done 10b. Kil	DIVORCED III	, 00.000	e or foreign country)	12, CITIZEN OF WHAT
du	ring most of workin	(Ife, even if retired)	PUSTRY	MARULAN	1	COUNTRYT
13	HOUSE U. B. FATHER'S NAME	1.40	tome	14. MOTHER'S MAIDEN	L.P.	0.3.77
	John	Ridwell		Orpha	Shipley	
CY	5. WAS DECEASED EV	ER IN U.S. ARMED FORCES? 16. S If yes give war or dates of service)	OCIAL SECURITY NO. 17.	INFORMANT V	Address	C 12 311 111
	No			IR. KichARe	1 Burton -	Dykesville, Md.
		ATH [Enter only one cause per lin IH WAS CAUSED BY:	an .6.	Inko	in this	ONSET AND DEATH
	1	IMMEDIATE CAUSE (8)	vidue	0	100/1010	1/ MINU
	Conditions, if ar	v. which \ DUE TO	tonin-	clinder	Co-V Duge	per (momm
	gave rise to it	nmediate (, , , , , , , , , , , , , , , , , , ,	00000		
	underlying couse	11.9				
NO	PART II. OTHER SIG	INIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY PERFORMED?
ICAT						YES NO
MEDICAL CERTIFICATION	20a. EXTÉRNAL PRIMARY OF CO CAUSE OF DEATH	CAUSE WAS DITRIBUTING [] 20b. DI	ESCRIBE HOW INJURY OCC	JRRED, (Enter nature of in	ijury in Part i or Part II of	Item 18.)
CAE	20c. TIME OF IN		JURY OCCURRED 20e. PL/	CE OF INJURY (Home, farm	20f. (City or town)	(County) (State)
MEDI	Hour a.m.	19 While at work	Not While at work	ory, street, orned blug, jete.		
-		that I took charge of the rema	ins described above, he	id an Autopsy 🔲, 📗	nspection 🖳 Inquir	and in my opinion
	death resulted	l from: Natural causes 🔀,	Accident [], Su	iclde 🔲, Homicide	, Undetermined m	anner [
	ACTUAL 777	min St (to	to lean	CHIEF MEDICAL E		22. DATE SIGNED,
	SIGNATURE	ander Color	Wither City	M.D. ASSISTANT MEDICAL		6.28.66
	EXAMINER'S //	lAUTICE C. POT	tex field	Address (Street,	city, town, or county TP	STEAU CARROILO
23	BURIAL, CREMA		23c. NAME OF CEMETER	1 (1.	23d. LOCATION (City, tow	n or county) (State)
2	4 FUNERAL DIREC	16-30-66	ADDRESS .	V CEMEKKY	BY REGISTRAR 25b) REG	ISTRAR'S SIGNATURE
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ب	_ :	Sw		Port
be executed within 24 hours after death.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral	and		1
after	the fi	1ges	s afte	
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OR A	JREC.	e 3 s	ed wi	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death comments of may be retained by the hospital or attending physician.	RAL	director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pag	be fil	
HOSF	FUNE	recto	hauld	
2 2	2	ō	🗞 🗀 shauld be filed with the State Dept. af Health priar ta burial, cremation, ar remaval, and in any event, within 72 haurs	12
2	7K A	15	(4) /66	1

	08260	1		CERTI	IFICATE	OF DEATH		1	1824	48
	PLACE OF DEATH o. COUNTY	Carroll		MA	RYLAND	- CTATE	Where deceosed lived if institut of yland b COUN	an Residence	a before ad	imission)
		If autside corporate limit	s,	c. LENGTH OF STAY	f IN 16	c CITY OR TOWN (If ou	itside corparate limits, write RUR	Al and give	neorest ta	wn)
Rυ	ralSyl	give nearest town)		2mo. 6	davs	Baltimor	A		L	/
		AL OR INSTITUTION (If n	ot in hospital,			d STREET ADDRESS			e. 15	RESIDENCE
Si	ringfiel	ld State H	ospita	1		2803 St.	Paul St.			N A FARM?
	NAME OF DECEASED (Type or pont)	Bes	sie	Middle (NMN)	Lost Call	4. DATE Month OF DEATH 6	1	Doy 20	Year 1966
5	SEX	6. COLOR OR RACE	7 MARRIED	NEVER MARR	ED E	B. DATE OF BIRTH	9 AGE (In years		YEAR IF	UNDER 24 HRS
ſ	emale	white	WIDOWED	DIVORC	ED 🔲	6/5/02	64 yrs	Months	Days H	lours Min.
10c	USUAL OCCUPATION	(Give kind of wark dane		IND OF BUSINESS OR IDUSTRY		11. BIRTHPLACE (County	& State or foreign country)		ZEN OF WH	TAH
Re	ng most of working	l Nurse		IDO31K1		Maryla	and		HIK) ;	USA
	FATHER S NAME				•	14. MOTHER'S MAIDEN	NAME			
V	illiam 1	. Johnson				Frances	Fasenbaker			
15	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO.	17. 1	NFORMANT	Addres	\$5		
(1)	na, arunknawn)	(If yes give war or dates	of service)	13-46-16	28 Sp.	ringfield	Hospital reco	rds.	Svke	sville
		EATH (Enter only one cou IH WAS CAUSED BY:	ise per line fai	(a), (b), and (c).)		cemia			1NTERV#	AL BETWEEN AND DEATH
	1115	IMMEDIATE CAUSE DUE			12	0 0 111 110 1			_ 11101	
Conditions, if any which gave) (b) Decubitus ulcers										nths
rise ta immediate couse (a),									4407	11 0114
	stating the under	rlying cause	(c)							
NOLLA							NDITION GIVEN IN PART I(0) der (CVA) wit:	h	19 WA PER YES	S AJTOPSY REORMED? NO [33]
MEDICAL CERTIFICATION	20a ACCIDENT WAS OR CONTRIBUTING	S JNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	205 DI	SCRIBE HOW INJURY	OCCURRED.	(Enter nature of injury in	Part I ar Part II of item 1B.)			
MEDICA	20c. TIME OF INJU Hour on	JRY Manth, Day, Yeor n. n. 19	20d While of war			CE OF INJURY (Home, farm ory, street, office bldg., etc.)		(Cour	nty)	(Stote)
		fy that 🕮 (this has eceased olive on_	spital) atten 6/20/	ded the decease	d from , ond thai	4/14/ , t death occurred of	6:05M, from couses of	, 19 <u>6</u> and an th	6, that e date s	(体(we) los tated abave
	22a. SIGNATURE	8- 9	Fleen		M.E	111101	MED. STAFF DIRECTOR PHYS.	4,	TE SIGNED	56
	22c. PHYSICIAN'S NAME (Type)	Edmee J	. Reev	res, M.D.			pringfield Sta ykesville, Man			tal
230	D. BURIAL, CREMATIC REMOVAL (Specify	1 4	EREOF	23c NAME OF CE			23d. LOCATION (City or Tow Sy Kesui) L	vn) ((County)	(State)
2	I. FUNERAL DIRECTO		+	Sylcoick,	Y)	256 REC'I		SECTION DIC CLC	GNATURE	Judge



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	08267			CERTÍ	FICATE	OF DEATH			()	8249
Ī	D. COUNTY Car	roll	Marylan	d w	and and	2. USUAL RESIDENCE (o STATE M	Where deceosed liv	ed, if institution Ri b. COUNTY		
	b. CITY OR TOWN I	If outside corporate iimid give nearest town) ykesville	ts,	c LENGTH OF STAY		c CITY OR TOWN (If or	utside corporate lim Sykesvi	its, write RURAL on	od give neore	est town) Box 136
	d NAME OF HOSPIT	a. or institution (if related and state	of in hospital, giv	e street oddress)		d STREET ADDRESS		•		e IS RESIDENCE ON A FARM? YES NO
	3 NAME OF DECEASED (Type or print)	Elbe	ert	Middle (NMN)	Carroll,	4 DATE OF ST BEATH	Month 6	24	,
	s sex Male	6 COLOR OR RACE Negro	7 MARRIED WIDOWED 5	NEVER MARRI		3. DATE OF BIRTH	9 AGE	(In years IFU Mor	NDER I YEAR Oths Doys	
		N (G ve kind of work done life, even if retired)	10b. KINI	O OF BUSINESS OR JSTRY		11 BIRTHPLACE (County Marylan	& Stote, or foreign o		12 CITIZEN C COUNTRY	F WHAT
	13. FATHER'S NAME					14. MOTHER'S MAIDEN				
Į	Charle	s Carroll	_				- (Carro	oll)		
	(Yes, no, or unknown) none	R IN U.S. ARMED FORCES' (If yes give wor or dotes	of service)	CIAL SECURITY NO		nformant ospital Re	cords	Address		
	1B CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c) PART I. DEATH WAS CAUSED BY Terminal pneumonia. MMEDIATE CAUSE (o) INTERVAL OUSET ARE CAUSE (o) INTERVAL OUSET (o)									
	Conditions, if ony, which gove (b) DUE TO arteriosclerotic heart disease									ears
	stating the underlying couse (c) Senile brain disease									ars
1	PART II OTHER S Chronic	GNIFICANT CONDITIONS brain sylvis withou	contributing to	DEATH BUT NOT RE associa fving ph	ted w	HE JERMINAL DISEASE (O	ndition given in al arte:	PART 1(o)		9 WAS AUTOPSY PERFORMED? YES 2 NO
	200 ACCIDENT WA		20b. DESC	RÎBE HOW INJÛRY	OCCURRED.	Enter noture of injury in	Port I or Port II of	item 1B.)		
	Hour o.	URY Month, Doy, Year m. — T9	20d INJ While of work	URY OCCURRED Not While of work		CE OF INJURY (Home, for pry, street, office bldg., etc.		y or town)	(County)	(Stote)
	21. I cert saw the d	ify that (1) (this ha leceased alive an_	spital) attende	ed the deceased	d from and tha	4-9- , death accurred at	19 <u>66</u> to <u> </u>	6-24 im causes and	, 19 <u>.66,</u> an the do	that (b) (we) las ate stated abave
ı	220 SIGNATURE	roises fee	eliole.	iki _	М.		MED DIRECTOR	STAFF 2	2b. DATE SIG 6-24-	GNED -66
	22c. PHYSICIAN' NAME (Type	Moises	Suchole	iki, M.D	•	Springs Sykesy	field St.	ate Hosp ryland	oital	
	230 BURIAL, CREMATI BREMOVAL (Specific		T-66	230 NAME OF CEI Bethil	WETERY OR	CREMATORY Letery	234 LOCATIO	N (City or Town)	(Coun	Ma:
	24 FUNERAL DIRECTO	TII House	the Sur	Lourlle	MI	/ 1	D BY REGISTRAR		AR'S SIGNATI	Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending prysican and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then pitting remaye carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, or remayor, and in any event, within 72 hours after death

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 20 M 1/66



FOR STATE

10 DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay in accessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. permit. File pages 1 and 2 with the State Department removal, and in any event within 72 hours after death. of earth or its designated agent, prior to burial, cremation, or

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08262 HEALTH DEPK

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased fived, if institution: Residence before admission)							
	Carroll MARYLAND	a. STATE b. COUNTY Carroll							
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	write RURAL and give nearest town)								
	Rural Taneytown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Rural Taneytown							
	d. NAME OF HOSPITAL OR INSTITUTION (IT NOT IN HOSPITAL, give street address)	d. STREET ADDRESS 6. IS RESIDENCE DN A FARM?							
		YES TY NO							
3.	NAME OF First Middle	Last 4. DATE Month Day Year /							
	DECEASED (Type or print) TUBY (AA C)	ROUST DEATH June 17 1966							
5.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS. last birthday) Months Days Hours Min.							
	MITE WIDOWED DIVORCED	Jan. 31, 1890 76 yrs. Months Days Hours Min.							
10a dur	s. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
	None	Maryland U.S.A.							
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
	Wilson L. Crouse	Carrie Ruby							
15 (Y	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 27. es, no, or unknown) (If yes give war or dates of service)	INFORMANT Address							
		. Robert Angell, Taneytown, Maryland							
	18. CAUSE OF BEATH [Enter only one cause per line for (a), (b), end (c).]	I INTERVAL BETWEEN							
	PART I. DEATH WAS CAUSED BY:	Intarior Conset and DEATH							
	4-101								
	DOF IO								
	Conditions, if any, which gave rise to immediate (b)								
	cause (e), stating the DUE TO								
	underlying cause last. (c)								
8	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?							
AT		YES NO IN							
MEGICAL CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH.	RRED. (Enter nature of injury in Part 1 or Part 1) of Item 18.)							
CE	CAUSE OF DEATH.								
EA	forter	CE DF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bidg., etc.)							
입	Hour a.m. p.m. 19 While Not While Factor	y, su cet, billed blog.; etc.)							
Z	21. I certify that I took charge of the remains described above, held	d an Autopsy . Inspection . Inquiry . and in my opinion							
	# /								
	death resulted from: Natural causes Accident 1, Soil	c)de , Homicide , Undetermined manner							
	ACTUAL Marine ((() Rotin Sent	CHIEF MEDICAL EXAMINER							
	SIGNATURE / LUNCH COLONIA COLO	M,D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED							
	EXAMINER'S SC CROT	Try DEPUTY MEDICAL EXAMINER []							
	NAME (Type) Maurice C. Porterfield/	Address (Street, city, town, or county) Hampstond Md							
230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county) (State)							
	Burial June 20, 1966 Lutheran Cem	etery Taneytown, Maryland							
24		25a. REC'D BY REGISTNAR 25b. REGISTRAR'S SIGNATURE							
C	.O.Fuss & Son (John H. Skiles) Taneytown	Md. DATEUN 20 1966 Schanles Judges							
		LJ LIVE TO THE TOTAL THE TAXABLE TO							

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		man	LANI	DIMIL	DEL	HIL	IIIILIAI A	IL HIPM			
ivision	of STATISTICAL	RESEARCH	AND I	RECORDS,	301	W.	PRESTON	STREET,	BALTIMORE,	MARYLAND	21201

		DIVISION OF STATE	DIICAL KES	EARCH AND RECOR	D2, 301 W	. LKEZION ZII	KEET, BALITMO	KE, MAKTEA	MD 31501	
	08263			CERTIFI	CATE C	F DEATH				082
1	PLACE OF DEATH a. COUNTY				2	USUAL RESIDENCE	(Where deceased le	ved, if institution		efare admi
		arroll		MARYL	AND	Marvi	and	D. (0000)	Alleg	ลทซ
		f autside carparate (im)	its,	c LENGTH OF STAY IN	i lb C	ITY OR TOWN (IF	autside carparate lii	nits, write RURA	and give he	arest tawn
P	ural - Si			2v. 10m.	94	Cumberl	and		-0	11-2
		AL OR INSTITUTION (If I	of in haspital			STREET ADDRESS	am			e IS RE
	Sprin	adield A	Look	,		222 0				YES T
3	NAME OF	Jane 1	irst	Middle		333 Cent	4 DATE	Manth	-	Day
J	DECEASED		1131		Cha		OF /			
5	(Type or print) SEX	6. COLOR OR RACE	7 1140015	Blanche		TTY TE OF BIRTH	DEATH	June E (n years	B Z IF UNDER 1 YE	AR FIFUNI
			7. MARRIE				l las			ys Haur
	female	Negro	WIDOWE	ub .		1, 198		Yrs.	10 07175	T OF HILLS
dur dur	o USCAL OCCUPATION	l (Give kind of work dan Tie, even if retired)	8 10b.	KIND OF BUSINESS OR INDUSTRY	11	. BIRTHPLACE (Coun	ity & State or fareign	country)	COUNT	N OF WHAT
	ring mast af warking Housewii	8				Marylan	nd		U	SA
13.	FATHER'S NAME				14.	MOTHER'S MAIDER	NAME			
	Will	iam_Ross				Ervin.	Martha			
15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES	? 1	6. SOCIAL SECURITY NO.	17. INFO			Address		
	es, na, ar unknawn) no	(If yes give war ar dates	at service)		Sprir	ofield H	lospital	racarde	Syko	erri 11
-		ATH (Enter only one co	use per line f	for (a) (b) and (c))	1901 21		COLDET DOT	refolor fores	Dyno	INTERVAL E
		H WAS CAUSED BY.	· 0	ARDIAL 1	[12 // L	DA				ONSET AND
	23	IMMEDIATE CAUS		RTERIO SC	IPRO	515.				1
	Canditians, if any		^	Abetes		itus			- 6	11.40
	rise ta immediat	o cousa (a)	(b) E TO	HDELES	1-1611	1145_	- <u>-</u>			Tyni
	stating the unde	lying cause								,
	last.	,	(c)							10 14480 4
N	PART II. OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING	G TO DEATH BUT NOT RELA	ITED TO THE T	ERMINAL DISEASE C	ONDITION GIVEN IN	PART 1(a)		19 WAS A PERFO
Š	CBS asse	ciated wit	h cer	ebral arteri	oscler	osis wit	h psycho	tic rea	ction	YES 🗌
CERTIFICATION	200 ACCIDENT WA	UNDERLYING CAUSE OF DEATH	205	DESCRIBE HOW INJURY OC	CURRED. (Ente	nature of injury i	n Part I ar Part II o	f item 18.)		
		MEDICAL EXAMINER)								
MEDICAL		IRY Manth, Day, Year				INJURY (Hame, fo		ry ar tawn)	(Caunty)
M	Hour a.r	10	Wh	ile Nat While ark at work	factary, s	treet, affice bldg., e	tc.)			
				ended the deceased	from 263	8/23	19.63 to_	6/25	19.66	, that (X
		eceased alive on		25 1966	ind that de	ath accurred	011 - 15AMfr		nd on the	date sta
	220 SIGNATURE		7		7	/	المالسيسان والمام مستسب		22b. DATE	
	1/1/100	11.1/	the me	Stano	M.D.	ATTENDING DHYS	MED. DIRECTOR	STAFF PHYS.		
	422c. PHYSICIAN'S	(V)	TOTAL.	, very	111.07	22d. ADDRESS		A	. TT.	2 .0 10
	NAME (Type	1 000	13 / 1	- Dune		7	Springfi	era pra	le hos	pital

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deal should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any Poge 4 may be retained by the haspital or attending physician. VR A15 (4) 20 M 1/65

The law require that the death certificate be executed within 24 hours aft = leath.

OR ATTEMBING PHYSICIAN:

TO HOSPITAL

FUNERAL DIRECTOR

BURIAL CREMATION

RIMOVAL (Specify)

23a.

DATE THEREOF

EREMATORY

(City or Town)

(County)

Res dence befare admission

e IS RESIDENCE ON A FARM?

Year

Haurs

Sykesvillem Md INTERVAL BETWEEN ONSET AND DEATH

> WAS ALTOPSY PERFORMED? NO X

., 19<u>.66</u>, thot 🕦 (we) last on the date stated above

(State)

19 66 IF UNDER 24 HRS.

NO T

(State)

DATE JUN 2 9 DATE

2Sb.



TO MESPITAL BRATTEMBING MAYINIAN. The law requires that the leath cartificate be, executed within 24 hours after death. Page 4 may be retained by the humpital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after detting.

:		DIVISION	F STATISTIC	AL RESEA	RCH AND RECO	RDS, 301/N	. PRESTON S	STREET,	BALTIMOR	E 1, MARY	YLAND
		08264		Ttam	CERTIFIC	ATE OF	DEATH			082	252
	1.	PLACE OF DEATH a. COUNTY	3	00	ارتبا <u>المفتدة المام</u>		UAL RESIDENCE (1	Where decease	d lived, If Instit		ice before admission)
			arrol	4	MARYLA	ND	MA				✓
		b. CITY OR TOWN (in write BURAL and	outside corporate give nearest town	n)	c. LENGTH OF STAY II	t 1b c. CITY	DR TDWN (If outs	side corpora	te Ilmits, write	RURAL and	give nearest town)
		WOO		h 225 4 l - h	8m		KA/D/YIM	417	/ Balti	more	17 7
,	7	A Office	AL OR INSTITUTION	Vit not in nos	pital, give street add	ress) d. SIRI	EET ADDRESS 1	1802 E	utaw/Pl		e. IS RESIDENCE DN A FARM?
,	3.	NAME OF	ry e	west.	Much	-11 (1/4)	1101211/14/41	E/ LYYF	11/ //NO MY	14	YES NOX
	۵,	DECEASED (Type or print)	Pele	url	Middle	ashiel	1	OF DEATH	Month	الله الله	0-66
	5.	SEX 6.	COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE	OF BIRTH	9. AG		UNDER 1 YEA	R IF UNDER 24 HRS.
	7	allina.	While	MIDOWED	DIVORCED	11-2	5-00	7	9yrs.		
	dur	I. USUAL OCCUPATION Ing most of working I	ifer even if retired	one 10b. KIN	D DF BUSINESS OR USTRY	11. BI	RTHPLAGE (County	e State, or f	oreign country)	12. CITIZEI COUNTR	N OF WHAT
	13.					14. M	OTHER'S MAIDEN I	NAME			
		DHKNO					UNKNO	WH			
	15. (Ye	. WAS DECEASED EVER	IN U.S. ARMED FDR es give war or dates of	SCES? 16. SE service)	OCIAL SECURITY ND.	17. INEORMA	- A- 11	10	Address		
	-	MO I		1/10	1-10-8/10	OUI	ZJI /YON	10 111	ELORUS		
		PART I. DEATH	WAS CAUSED BY:		for (a), (b), and (c).]	anit	-/1	10	7 0	ON ON	TERVAL BETWEEN
		4222 IN	IMEDIATE CAUSE (con	gens	Casa	uco-	unu		and a
		Conditions, If any,		(O (b)	Chr.	My	ocard	tel			X
		gave rise to lmn cause (a), statin underlying cause la	g the DUE 1	10 lly	restrock	. A//	Jack K	Eury	calelle	- m	"
	NOI				ING TO DEATH BUT NO	RELATED TO TH	IE TERMINAL DISE	ASE CONDITI	ON GIVEN IN PA	RT 1(a) 19	WAS AUTOPSY PERFORMED?
13	ICAT				/	V				1	YES NO
	CERTIFICATION	2Da. ACCIDENT WAS DR CONTRIBUTING (IF EITHER, NOTIFY	🗌 CAUSE OF DEAT!	H	SCRIBE HOW INJURY	OCCURRED. (E	nter nature of inju	ury In Part I	or Part II of	item 18.)	
		20c. TIME OF INJU	RY Month, Day, Y	ear 2Dd. INJ	URY OCCURRED 20e	PLACE DE IN.	IURY (Home, farm,	20f. (City	or town)	(County)	(State)
	MEDICAL	Hour a.m.	19	While at work	Not While	ractory, street,	officebldg., etc.)	l E	0 0	74	
	-	·	at (!) (this hospi		the deceased from	1202	-/2196	3. to(LUID	19 66	that (I) (we) last
		saw the deceas	ed alive on X	uul 1	9 19 66, and	that death c	ccurred/18 43	M, from			ate stat <mark>ed above.</mark>
		22a. STGNATURE	Ha	then		M.D. PHYS	NDING MED.	CTOR 🔲	STAFF PHYS.	DATES	O 66
1		22c. PAYSICIAN'S NAME (Type)	VMA	97/	N	22d.	ADOPESS	in	us	ter	Met
2	23a	BURIAL, CREMATH REMOVAL (Specify	ON, 23b. DATE TO	HEREOF	23c. NAME OF CEM	A I	1	23d. LOCAT	ION (City, tow	n or county)	(State)
(3	24.	FUNERAL DIRECTO	R	- 1	ADDRESS	18/21401	-7-3	BY REGISTRA	R 25b. REG	ISTRAR'S SIG	
1	(F. EVANS	+ SON 88	02 NAKTO	ORD KD		DATE ITT	5 19	66 30	liarles	Judge
								- 10	-		/

MADVIAND STATE DEDARTMENT OF HEALTH

VR AI5 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH

1



23b. DATE THEREOF

FUNERAL | please ex director. retained O.F 0 VR ALSME (5) 1/65

EXAMINER'S

NAME (Type)

Burial

23a. BURIAL, CREMATION,

24. FUNERAL DIRECTOR

REMOVAL_(Specify)

Lake View Mem. Sykesville. Park Carroll REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ings Mills, MarylandaullN

23c. NAME OF CEMETERY DR CREMATORY

Address (Street, city, town, or county) 7AHPSTEAD

23d. LOCATION (City, town or county)

RROIL

12, CITIZEN OF WHAT

COUNTRY?

Months

e. IS RESIDENCE ON A FARM? ND X

Year

.S.A.

Deer Park Rd.

Finksburg.Md

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY PERFORMED?

(State)

YES NO T

and in my opinion

DATE SIGNED

(State)

(County)



TO NUBELIAL OR NITERBING ENVILLAN: The lam requirement the Lemil certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending provision and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept, of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

VR ALS (4) 20M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

08267 CERTIFICATE OF DEATH	08255
	lived, If institution: Residence before admission)
Carroll Sykesville, MARYLAND Taryland	Baltimore City
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate	e limits, write RURAL and give nearest town)
Rural Sykesville 3 yr 7mo 23d Baltimore	^ /
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE DN A FARM?
Springfield State Hospital 606 N. Castle Str	
3. NAME OF First Middle Last 4. DATE DECEASED	Month Day Year
(Type or print) Lillic Mae Dominick DEATH	6 28 1966
5. SEX 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE	(in years IF UNDER 1 YEAR IF UNDER 24 HRS. birthday) Months Days Hours Min.
Female White WIDOWED DIVORCED 1 - 1 - 82 84	yrs.
1Da USUAL DCCUPATION (Give kind of work done 1Db. KIND DF BUSINESS DR during most of working life, even if retired) 11. BIRTHPLACE (County & State, or for	reign country) 12. CITIZEN OF WHAT CDUNTRY?
Housewife at home Baltimore, Maryl	and U.S.A.
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
Frederick Morgenroth Cornelia Hahn	
15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service)	Address
No none Springfield Hospital	
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN DNSET AND DEATH
PART I. DEATH WAS CAUSED BY: Congestive heart failure	
y d d d DUE TO	
Conditions, If any, which (b) Arteriosclerotic cardiovascular disease gave rise to immediate	ise
cause (a), stating the DUE TO	
underlying cause last. (c) (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?	
CBS associated with senile brain disease with psychotic reaction YES NO	
CBS associated with senile brain disease with psychotic reaction (Enter nature of Injury in Part 1 or Part 11 of Item 18.) CBS associated with senile brain disease with psychotic reaction (Enter nature of Injury in Part 1 or Part 11 of Item 18.) CBS associated with senile brain disease with psychotic reaction (Enter nature of Injury in Part 1 or Part 11 of Item 18.) CBS associated with senile brain disease with psychotic reaction (Enter nature of Injury in Part 1 or Part 11 of Item 18.)	
ZDc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 2Df. (City factory, street, office bidg., etc.) Hour a.m. While Not While at work at work	or town) (County) (State)
Hour a.m. While Not While factory, street, office bidg., etc.)	
21. I certify that (1) (this hospital) attended the deceased from 11-5 1962 to 6/28 1966, that (1) (we) last	
saw the deceased alive on 6/28 19 66, and that death occurred at :00M/from the causes and on the date stated above.	
ATTENDING MED. STAFF	
THE DIRECTOR PHYS. DIRECTOR PHYS.	
NAME (Type) Naci N. Buyukunsal, M.D. 22d. ADDRESS Springfield State Hospital Sykesyille, Earyland	
23a. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)	
Burial 6/30/66 Baltimore Cemetery Balti	imore. Md.
24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
3331 Brehms Lane DATEJUN 3 0 1966 Policy Sudge	



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY the fges 1 after Carrol arvl loward MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) filled in by papers. Page in 72 hours Woodbine Weeks Woodbine - Rural d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? .= Woodbine - Rural Route NO E and completely f remove carbon part any event, within YES NAME OF 3. First Middle Last 4. DATE Month Day Year DECEASED (Type or print) Ethe DEATH 19 66 6. COLOR OR RACE | 7. MARRIED 5. SEX DATE OF BIRTH 8. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED last birthday) Months | Days Hours White Female WIDOWED IX DIVORCED | Nov. 5 10a, USUAL OCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT Klan during most of working life, even if retired) INDUSTRY COUNTRY? eas Seamstress ants Factory Howard U.S.A. d by the attending physical reassit permit. Then ple cremation, or removal, as 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Herbert Rosie Wetzel Crabb 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unknown) | (If yes tive war or dates of service) Mr. Willard Duvall Woodbine. Md. been signed by the the burial-transit or to burial, cremati 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which remen gave rise to immediate **DUE TO** cause (a), stating the as th underlying cause last. S PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) r this certificate hadetached for use a WAS AUTOPSY CERTIFICATI PERFORMED? YES [NO -20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. After d While Not While at work p.m. at work DIRECTOR: A age 3 should lied with the 9 19 66 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 130 PM. from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE Page 4 ... TO FUNERAL DIM... 22b. DATE SIGNED ATTENDING DIRECTOR M.D. PHYS. PHYS. PHYSICIAN'S 22c. 22d. ADDRESS NAME (Type) Howard Hall Sykesville. BURIAL, CREMATION, 1 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) 23d. (State) REMOVAL (Specify) Cemetery สมหา ล Chanel Carroll 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE Sykesville. 1966 VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

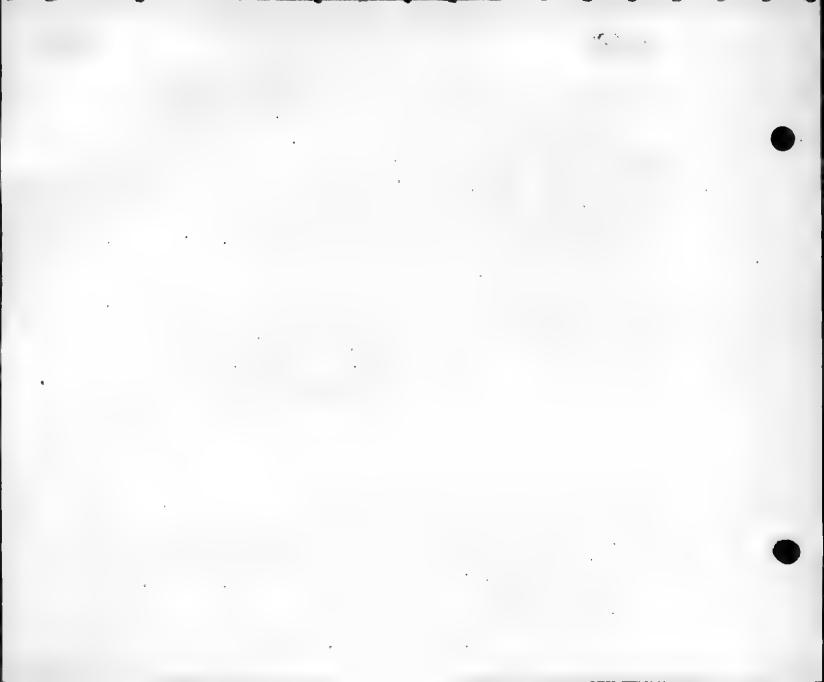
death.

hours

within

death

ATTENDING



	DIVISION OF STATISTICAL RESEARCH AND RECORDS		ARYLAND
	OE269 CERTIFICAT	E OF DEATH	8257
4	PLACE OF DEATH a. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Res. STATE b. COUNTY	sidence before admission)
_	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL a	ind give nearest town)
_	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
	Carroll County (x e nerol	7 ha STreet	ON A FARM? YES NO NO
	NAME OF BECEASED (Type or print) Charles Middle Mannall (1/1)	Last 4. DATE Month OF THE DEATH PUNC	Day Year 3 0 19 6 6
i.	7777000	8. DATE OF BIRTH 9. AGE (In years IF UNOER 1	YEAR IF UNDER 24 HRS. Days Hours Min.
06 ur	. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) 10b. KINO OF BUSINESS OR INDUSTRY		IZEN OF WHAT JNTRY?
	Charles Ellenberger	14. MOTHER'S MAIDEN NAME Scarloa. Redally	
15 Yı	WAS OECEASED EVER IN U.S. ARMED FORCES? s, rid, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17.	Sandro Eller berger	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] PART 1. DEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a)	4 Birthus 214"	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last.		
1000	PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELI	e 010	19. WAS AUTOPSY PERFORMED? YES NO
OFFI.	20a. ACCIDENT WAS UNDERLYING TO COUNTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)	
MENION	20c. TIME OF INJURY Month, Cay, Year 20d. INJURY OCCURRED 20e. PLA Hour a.m. While Not While at work at work	CE OF INJURY (Home, farm, 20f. (City or town) (Country, street, office bidg., etc.)	ty) (State)
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 27.1966, and that	t death occurred at 1966, to 6 - 30, 1966	that (I) (we) last
	222 SIGNATURE	22h Da	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending mysician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remover and in any event, within 72 bours, after death. TO MESFITM ON NITERBING PRYSLEIGH. The law requirem that the Death certificate be exacated within 24 Homrs after duath. Page 4 may be retained by the hospital or attending physician.

22c. PHYSICIAN'S NAME (Type)

ARI M.

23c. NAME OF CEMETERY OR OREMATOR

M.O.

ATTENDING PHYS. C

MED. STAFF PHYS.

(1/2 tin

23a. BURIAL, CREMATION, 23b. DATE THEREOF
PEMOVAL (Specify)

24. FUNERAL DIRECTOR

23c. NAME OF ADDRESS

The REC'D BY

23d. LOCATION (City, town or county)

town or county) (State)
Whomber, m

24. FUNERAL DIRECTO

2. 5. myers, &

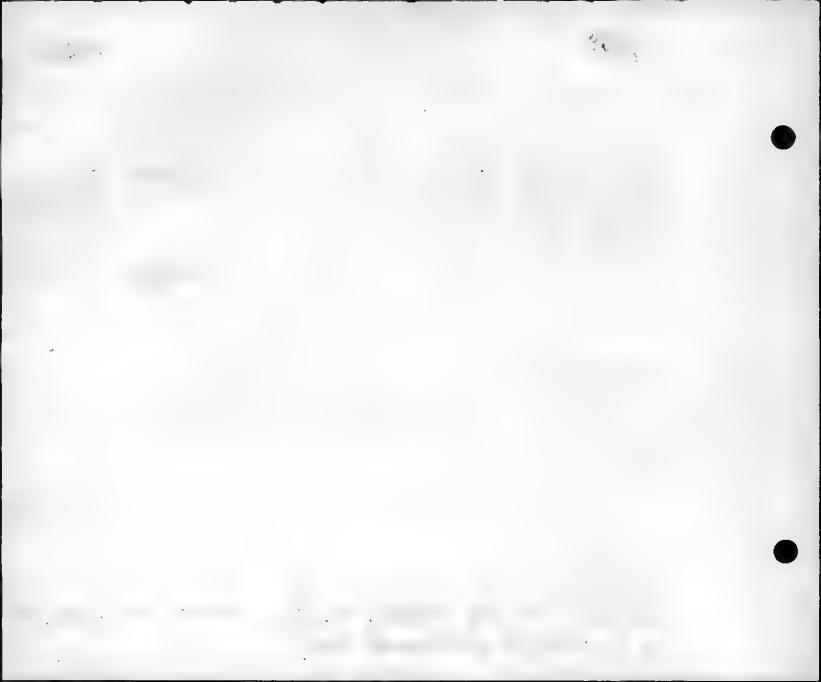
vertrumter md

DATE JUL 5

1966

TRAR'S SIGNATURE

VR AI5 (4) 20M 1/65



23c NAME OF CEMETERY OR CREMATOR

ADDRESS

Holy Redeemer Cemetery

23d. LOCATION (City of Town)

2So. REC'D BY REGISTRAR

Baltimore, Md.

(County)

2Sb. REGISTRAR'S SIGNATURE

Clarken

(Stote)

VR A15 (4) 20 M 1/66

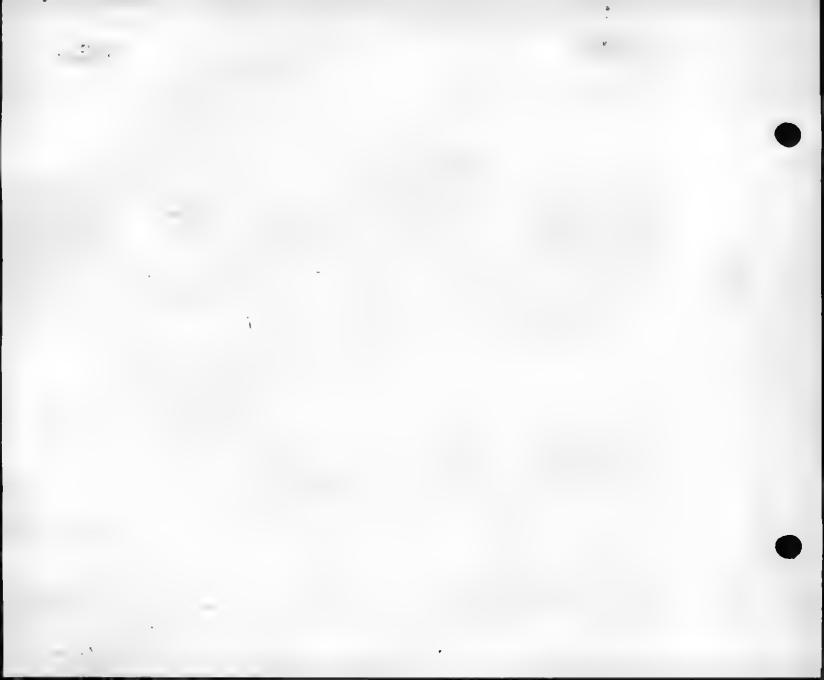
23o. BURIAL, CREMATION

BEMOVA (Specify

23b. DATE THEREOF

6/8/66

Schimunek Funeral Home, Inc.



executed within 24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 0.8974

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Carroll MARYLAND	a. STATE Md. b. COUNTY Carroll
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Finksburg	Finksburg
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM?
Bloom Road	Bloom Road YES NO N
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year OF
(Type or print) Oliver R.	Fair Sr. DEATH June 7, 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. ACE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
Male White WIDOWED X DIVORCED	Nov.11, 1884 81 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Retired from Congoleum-Nairn Inc.	Frederick Co. Md. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John F. Fair	Elizabeth (Unknown)
(Yes, mo, or unknown) (If we nive war or dates of service)	INFORMANT Address
No 216-07-3848A Mr	. John F. Fair Baltimore, Md. 21224
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion	
4301 DUE TO	
Conditions, If any, which) (b) Coronary Insuffic	iency 3 vrs.
gave rise to immediate (
cause (a), stating the (DDE TO (c) underlying cause last. (c)	
	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
CAT	PERFORMED? YES NO X
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
G OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bidg., etc.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAN factor p.m. none 19 at work at work	if od ove Anios Mide area
21. I certify that (I) (the house attended the deceased from	9-12-61 19 to 6-7-66 19 that (I) (we)clast
saw the deceased alive on May 19 19 66, and that	death occurred at 2 P M, from the causes and on the date stated above.
22a. SICNATURE	22b. DATE SIGNED
D. D. Coaples M.O	
PHYSICIAN'S NAME (Type) D. D. Caples, M. D.	22d. ADDRESS 6 Hanover Rd., Reisterstown, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	
Burial 6/10/66 Evergreen Men 24. FUNERAL DIRECTOR ADDRESS	norial Garden Finksburg, Md. 1 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
J. F. Eline & Sons Reisterstown, Md.	DATEIN 10 1466 Icharles judge

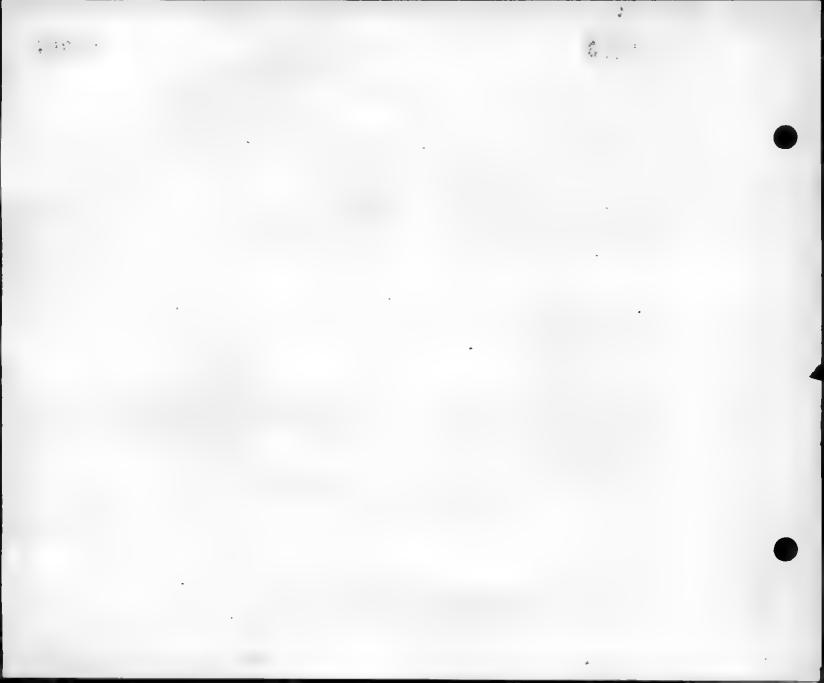
VR AL5 20M 1 5 (4) 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08273 CERTIFICATE OF DEATH ond 2 2. USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission) PLACE OF DEATH o. COUNTY MARYLAND b CITY OR TOWN (If outside carparate limits, ELENGTH OF STAY IN 16 c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn write RURAL and give nearest town) 1 mone Sykesville d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS NO X NAME OF Firs! 4. DATE DECEASED HIS event (Type or print) 19 0 IF UNDER 1 YEAR 6 COLOR OR RACE 7. MARRIED 9. AGE (In years Female lost birthday) NPOAD UNKHOWE. ond in only WIDOWED 10b. KIND OF BUSINESS OR 10a USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during mast af working life, even if retired) INDUSTRY COUNTRY? Marytond, NONE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM! burial, cremation, or removal 16. SOCIAL SECURITY NO. 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (Yes, na, pr,unknown) (If yes give war ar dates of service) 217-01-3509 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO 1000 scalar Julleuse Conditions, if any, which gave rise to immediate couse (o), DHE TO stating the underlying cause State Dept. of Health prior to Y-2 (x) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS ALTOPS PERFORMED? with cerebral allerion- dela = 2. 20g ACCIDENT WAS UNDERLYING □ 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (stote) 20c TIME OF INJURY Month, Doy, Year (County) Hour o.m. foctory, street, office bldg . etc.) 1905. to 6 -03 . 19 6, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from___ saw the deceased alive on 6 - 25 1966, and that death occurred at 255 M, fram causes and on the date stated above. 22a, SIGNATURE 22b. DATE SIGNED STAFF PHYS. M.D. DIRECTOR 22d. ADDRESS 22r. PHYSICIAN'S NAME (Type) 23d LOCATION (City or Town) BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

PHYSICIAN: The low requires that t∏e demth certificate bm executed within 2™ haurs after death papers. Pages 1 iin 72 hours after Pages .⊑ LO₂ completely physicion and complete en please remaye car permit. signed by the burial-tronsit p Poge 4 may be retoined by the hospital or ottending physician. the SD hos USe After this certificate be detached director, page 3 should should be filed with the O FUNERAL DIRECTOR:



e. IS RESIDENCE ON A FARM?

Year

19 66

Hours | Min.

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY

PERFORMEO?

YES 🗔

1966_ that (I) (we) last

(County)

NO X

(State)

(State)

6 WKS

YES

12. CITIZEN OF WHAT

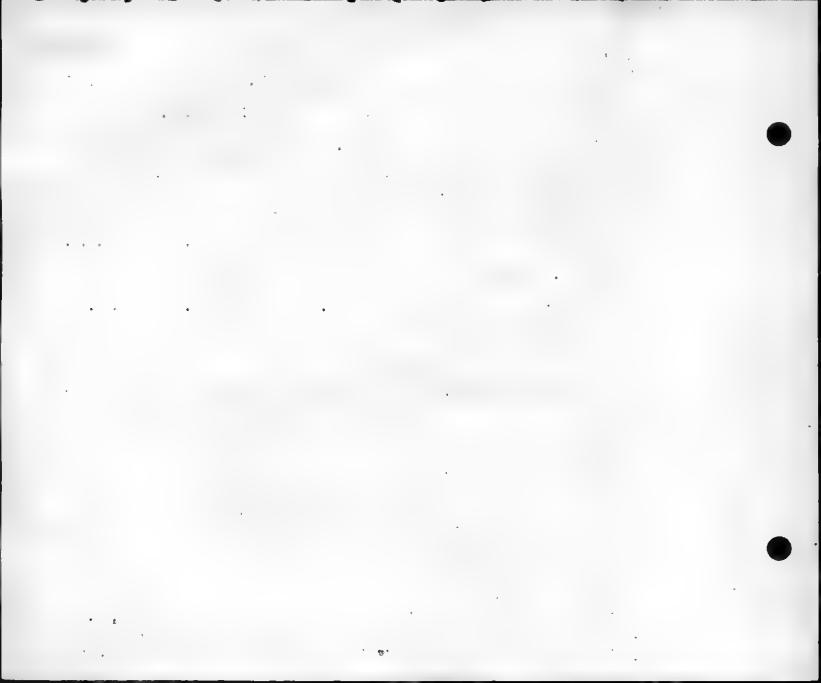
COUNTRY?

U.S.A.

No

within O HOSPITAL

VR A15 (4) 20M 1/65



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1		08275				CERTIF	ICATE	OF DEATH				08263	3
	(PLACE OF DEATH o. COUNTY Carr				MARY		o. STATE Maryla	nd	e is residence ON A FARM? YES NO A F			
		Sykesvil	f outside corporate limit Laive Rearest tawn)		2у	rs.llmos		vs. Bal	timore	Fmits, write Ru	IRAL ond give	· , .	- THEF
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street Springfield State Hospital								d. STREET ADDRESS 2910 Woo	dland	Ave.		ON A FA	ARM?
	3 NAME OF First A					Middle AARON		Lest GEORGE	-	,			
	S. :		6. COLOR OR RACE White	7 MAR	RIED WED	NEVER MARRIED DIVORCED		B. DATE OF BIRTH 6-10-1890	9	AGE (In years last birthdoy)	IF JNDER 1	FAR IF JNDER	24 HRS
	duri C	ing most of working ontracto	(Give kind of work done kie, even if refired) r (ret.)		Ob KIND C INDUST	OF BUSINESS OR TRY		11 BIRTHPLACE (County Maryland			COU	ITRY?	
	13.	FATHER'S NAME	aul George					14. MOTHER'S MAIDEN		(last n	ama unk	.)	
		WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dotes			AL SECURITY NO.		NFORMANT		Addi	ress		
			which gove) e couse (o), ((o) H e	eart	failure	due					INTERVAL BETY ONSET AND DI Y 10-3	EATH LPS
· .	MEDICAL CERTIFICATION	PART II OTHER SI CBS asso arteri 200 ACCIDENT WA	GNIFICANT CONDITIONS C. with circusts osclerosis	rcula	tory	disturb	ance	THE TERMINAL DISEASE (O) other than tion (Enter noture of injury in	cereb	ral		PERFORME	ED?
	MEDICAL CE	(IF EITHER, NOTIFY	MED CAL EXAMINER) JRY Month, Doy, Yeor n.		20d INJUR While	Y OCCURRED Not While		CE OF INJURY (Home, form ory, street, office bldg, etc.		(City or town)	(Coun	ty) (:	Stote)
		saw the d	fy that (I) (this ha	spital) o 5 –3 0-	ttended -66	the deceased	fram ind tha	7-13-63 t death accurred at	8:45 A	6-30 Fram causes	and an the	date stated	we) last labave.
		22o. SIGNATURE	actan	7	a.	Kung	I.M	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS. E	Z . 7	'-1-66	
		22c. PHYSICIAN'S NAME (Type		A. I	Ruiz,	м. б.	<u> </u>					pital	
2		BURIAL CREMATIC REMOVAL (Specify DUTIA) FUNERAL DIRECTO	July 5			Tuid Rid				sville	Balto	Co. M	,
2	I	oring By	ers. 8728	Liber				ewin, Modate	JUL 5	1\$56	ficus	res Jus	tge.

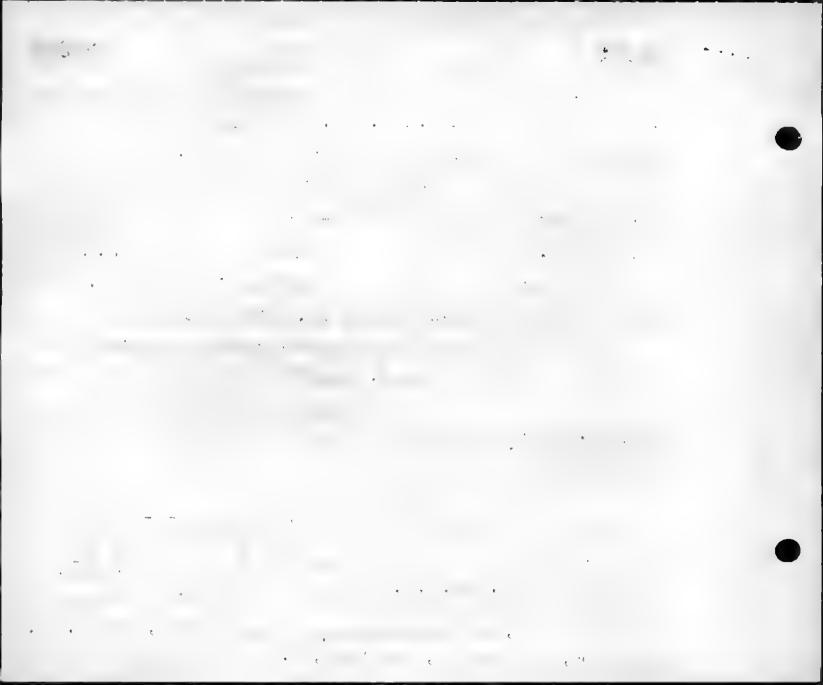
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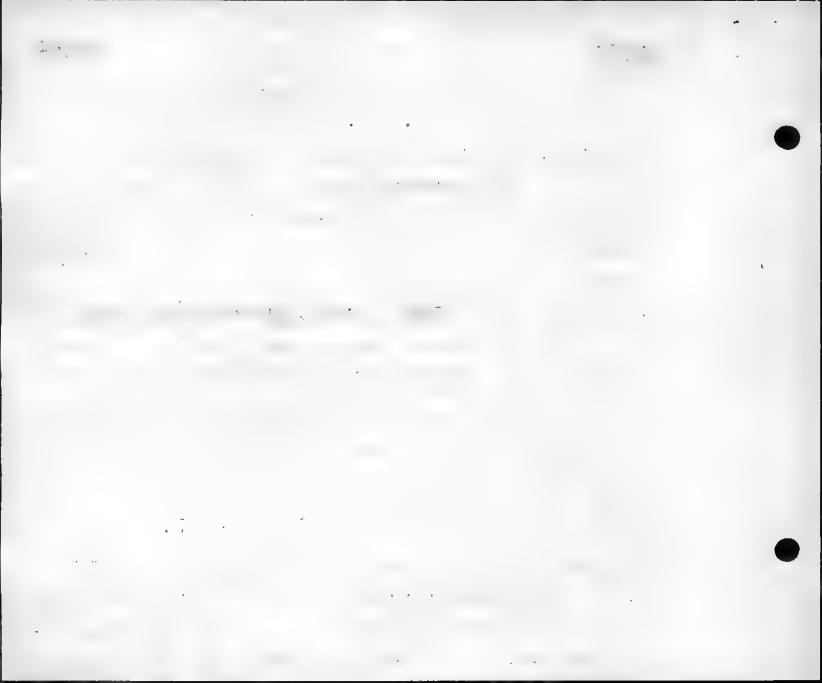
To FUNERAL DIRECTOR: After this certificate has been signed by the ottending phys. Cart. Bud completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please-femove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after deather.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 20 M 1/66





DIVISION OF STATISTICAL RESEARCH AND RECORDS	S, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
08277 CERTIFICAT	E OF DEATH US265
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY
MARYLAND MARYLAND	Maryland Carroll
b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Manchesto I days	Westminster RFD3-1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	ON A FARM?
RFD 1 3. NAME OF First Middle	Last 14. DATE Month Day Year
OBECEASED (Type or print) Todd Eric Gre	enwood DEATH June 4 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24HRS
Male While WIDOWED DIVORCED	8/2 3/64 11 1/2 XER.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward greenwood	Phyllis McDonald
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (Hyes give war or dates of service)	INFORMANT Address
(15, no, or ormown) (11 yes give nar or dates of service)	ers Edward January 3 Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	Martinumita Interval Between ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bulateral Re	morrhagic
493 X DUE TO	nertina 36mg
Conditions, if any, which (b)	peractional raca
gave rise to immediate (cause (a), stating the DUE TO	
underlying cause last. (c)	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	PERFORMED?
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC	URRED. (Enter nature of Injury in Part I or Part II of Item 18.)
G OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	States. (Each instance of injury in part 1 of 1 section 200)
i fact	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bidg., etc.)
Hour a.m. While Not While p.m. 19 at work at work	1 /
21. I certify that (i) (this hospital) attended the deceased from	11 19 , 1964, to 6/4 , 1966, that (H) (We) las
	at death occurred at
22a. SIGNATURE IN Fround	D. ATTENDING MED. STAFF 22b. DATE SIGNED
22c. PHYSICIAN'S WITH FOATA 110	22d. ADDRESS
14.11 . 0 211 4 . 10-13	MANCHUSTER, Md
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	
Burial 6/7/66 Evergreen 24. FUNERAL DIRECTOR ADDRESS	1 250 DEC'D BY DEGISTRAD! 256 DECISIDAD'S SIGNATING
Tipten-Eline Hampstead, Md.	WHIN 8: 1966 Actionles Judge

VR A15 (4) 15M 4-64

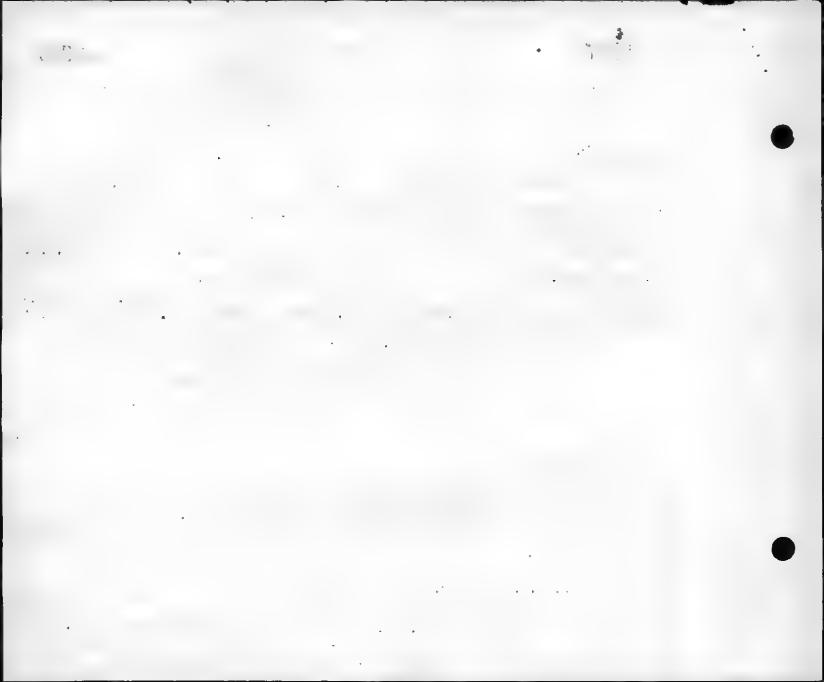


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

- /		die .												
	08	278			CERTI	FICATE	OF I	DEATH				0.8	267	7
and	1. PLACE O	F DEATH					2 USUAL	RESIDENCE (Where dece	osed lived, if I	nstitution:	Residence be	fore odmissi	юп)
in by the funera irs. Pages I and 2 haurs after dep	o. Coun	Carro	11		MA	RYLAND	0. 31A	Maryla	and		C	arroll		
y the f Pages urs afte	b (IIY (OR FOWN (H	outs de corporate fimit	5,	c. LENGTH OF STAY	'IN 1b	c CITY O	R TOWN (If or	utside corpo	orate limits, wr	ite RURAL	and give nea	rest town)	
by Pa			live neorest town)				Syl	kesvill	le				. /	
			L OR INSTITUTION (If no	ot in hospitol, g	ive street oddress)		d. STREET	ADDRESS					e IS RESI ON A F	DENCE ARM?
campletely filled in by the fur lave carban papers. Pages I y event, within 72 haurs after	32	Marvi	n Ave				32 N	Marvin	Ave.				YES 🗌	NO 🗌
with w	3. NAME O			rst	Middle	71-		ost	4. DATE		Month		loy Ye	100
and campletely fremave carban from event, with	(Type or		Amelia		ruise		nrit		DEAT	11	ie 26			
ve (S SEX Femal		6. COLOR OR RACE		NEVER MARRI		DATE OF		54	9. AGE (In ye	ors (F	UNDER 1 YEAR		R 24 HRS. Min.
cian and co				WIDOWED	DIVORC	ED U		20, 189		lost bythe				
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cio			even if retired)					andalls		Md.			U.S.	A
val,	13. FATHER		Spealman					HER'S MAIDEN Helena		anle				
attending physician and permit. Then please reman, or remaval, and iman					COCIAL SECURITY NO.	l ia t			FE		CA 11		-	
ndir.	Yes, no, or	ceased ever	IN U.S. ARMED FORCES? If yes give wor or dotes of	of service)	SOCIAL SECURITY NO.		NFORMANI	-	T			n Ave.		
attendi permit. ian, or r					none	m.	Hari	LA M I	ienri	tz Rte.	<u>4 B</u>	All the same of th		110
the sit p	1B. CA	AUSE OF DE ART I. DEAT	NTH (Enter only one cou I WAS CAUSED BY	ise per line for	(o), (b), and (c).)	(-	. 25	XS-	crev	ATIO	(1)		nterval be' Onset and i	
by ranger		/	IMMEDIATE CAUSE		TYDRA	110			7 . 1 /	77 7 0		-	<u></u>	Lange Lang
signed by the attending phys burial-transit permit. Then p burial, crematian, or remaval,	Conditi	ons, if ony,	DUE which gove)	11/1-	TAST	AT 1	0	1001	2140	417	19/	5 6	, KI	ח
buri	rise to	immediote	couse (o), (DHE	(b)/C	14217	///	-	<u> </u>		7777	7 4-1	3		
	stating lost.	the under	Ying couse		KRINO	114	40	AT	Fal	NORI	FA	c 2	178	25.
s be as 1		OTHER SIG	NIFICANT CONDITIONS C				HE TERMIN	AL DISÉASE CO	NDITION GI	IVEN IN PART 1	(o)	11	19. WAS AUT	OPSY
by Page 1	NOIL										(-)		PERFORM YES	NO NO
cate ar u	200. AC	CIDENT WAS	UNDERLYING 🗆	20b. DE	SCRIBE HOW INJURY	OCCURRED.	Enter notur	re of injury in	Port I or P	ort It of item	(B.)			La.
Pa f	OR COM		CAUSE OF DEATH MEDICAL EXAMINER)					. ,			,			
ach ept		ME OF INJU	RY Month, Doy, Year	20d. II	NJURY OCCURRED			RY (Home, form		. (City or to	νп)	(County)		(Stote)
det te D	E E	Hour om	10	While of wor] focto	ory, street, o	office bldg , etc.)	/				
Afte be Sta	21		y that (I) (this has	pital) atten	ded the decease	d fram	201	NE,	1967,	ta Ca 2	6	19	?that (I) ((we) la
the	sa	w the de	ceased alive an	6-2	5// 1966	, and that	death o	accurred at	1236	M, fram ca	uses and	d an the d	ate state	d abav
9 % % %	220	SIGNATURE	1/4/		11		ATTENI	DING 🔪	MED	STAFF		22b. DATE SI	GNED	11
ed v			1, 1, 00		1.	1.M	PHYS.		DIRECTOR	PHYS.		6-4	1-4	90
# 85# /	22c.	PHYSICIÁN'S NAME (Type)	Dr. R.V.	Housels .	rt.		22d.	ADDRESS 5	Vere	501	115	- L	1~	
de de) 	12.	
TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the should be filed with the State Dept. of Health priar to	230. BURIA REMO	L, CREMATIO VAL (Specify)			23c NAME OF CE.		CREMATORY			LOCATION (City		,	,,	Stote)
0,00		AL DIRECTOR			Mt.Oliv	re	17	l aca pro	D BY REGIS	ndallst		Balt		id
VR A15 (4)	17 47 26	C18 7	57	28.74	LIE ELL	170	4	1		TRAK 2	SO. KENNY	RARS SIGNAT	Judg	Z.,
20 M 1/68	66-116	100	fe the	11-021	idal Or	1.000	16-	DATE	11 20	.004	4		4	

Mandal Oction

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.



Milantes Judge

08279

7 7 7 7 7											
1. PLACE OF DEATH g. COUNTY	roll		MARY	- 11	2 USUAL RESIDENCE (Where deceased lived If institution- Residence before admission) a. STATE b. COUNTY Maryland Carroll						
b. CITY OR TOWN	(If autside carporate limi	ts, write	E LENGTH OF STAY	IN 1b							
CT 2 1 1		- T	66 37027	e .	Svkesvi	11e - 1	Rural		*		
d. NAME OF HOSP	ITAL (If not in haspital, s	THE PARTY.	1. V.	3	d. STREET ADDRESS	the state of	14141		e. IS RESIDENCE		
					Route 2				YES NO		
3. NAME OF	Fu	'sl	Middle		Last	4. DATE	Month	D	ay Year		
(Type or print)	Henr	7	A.	H	lentzman	DEATH	June	8,_	1966		
S. SEX	6. COLOR OR RACE	7 MARI	RIED A NEVER MARRIE	D B.		1-					
Male	White	WIDOW	ED DIVORCE		ec. 30,189	6 3	9 yrs. M	anths Days	Hours Min		
10a. USUAL OCCUPAT	ION (Give kind of work	dane 10b.	KIND OF BUSINESS O	R INDUST			0	12 CITIZEN C	OF WHAT COUNTRY		
during mast of wo	rking life, even if retired)			1			II.S	S - A .		
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	ict Honter	n 17					. Kahla	70			
				10.00		cuar. Tiff	1 VOULE	T.			
(Yes, no. or unknown)		envicel				L. Her	Syke ıtzman	svill	e,2Md.		
IB. CAUSE OF DE	ATH Enter only one of	use per li	ne far (a), (b), and (c).	1				N	TERVAL BETWEEN		
PART I. DE	ATH WAS CAUSED BY:	. 0	andia	0 0	PANDAT			Or	ASEL AND DEATH		
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Constitution of	,	.03			0 -	1.0.		liu	las brace		
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	g me <u>unger-</u> [)	0		U						
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PART II O	THER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DE	VIH ROLL	OT RELATED TO THE TERM	INAL DISEASE CO	NUTTION GIVEN	IN PAKE 1(B)	FERFORMEDY		
CAI									YES NO		
PART II O	VAS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED	(Enter nature of injury in	Part I ar Part II a	f item 1B.)				
		<u></u>	NJHRY OCCURRED	20e. PLA	CE OF INJURY (Hame, farm	, 20f. (City or t	gwn)	{Caunt	y) (State		
Haur o. m	10	While	Not while								
p. m	. 17	at wa	rk [_] af wark [_]	1	110111	<u> </u>	100				
21 I certify th	at (I) (this haspita	l) atten	ded the deceased	from,_1	5/_X_/6619						
saw the dece	ased alive an		19 , and	that de	oth occurred at4	2M, fram the	causes and	an the da			
22a. SIGNATURE	0 6	10	1) 0		ATTENIDING	ED C	TAEE	1/2	22b. DATE		
	Juan 6	(()	Sours	Z N	.D. PHYS.	RECTOR D	HŶS 🗆	6/8	5/66.		
22c. PHYSICIAN'S		,	7		22d. ADDRESS			1	e. IS RESIDENCE ON A FARM? YES NO 1 Year 19 66 IF UNDER 24 HRS Hours Min WHATCOUNTRY? A. PRIVAL BETWEEN FORMED? YES NO 1 (State) (State) (State) (State) (State)		
(Type)	Dr. Will:	am	R. O'Rour	ke	Westmi	nster,	Laryla	nd			
		OF	23c, NAME OF CEM	ETERY OR	CREMATORY	23d LOCATION	(City, tawn, or o	county)	(State)		
	y) 6/11/1	966	Messiah	Luti	ieran Cenei	erv	Carrol	I Co	Md.		
TO CELL TO CHE	Sykesville - Rural 66 years Sykesville - Rural 66 years Sykesville - Rural d. Sirect Address Route 2 Sykesville - Rural d. Sirect Address Route 2 South 2 South 2 South 2 South 2 South 2 South 3 South 4 South										

Sykesville, Md.

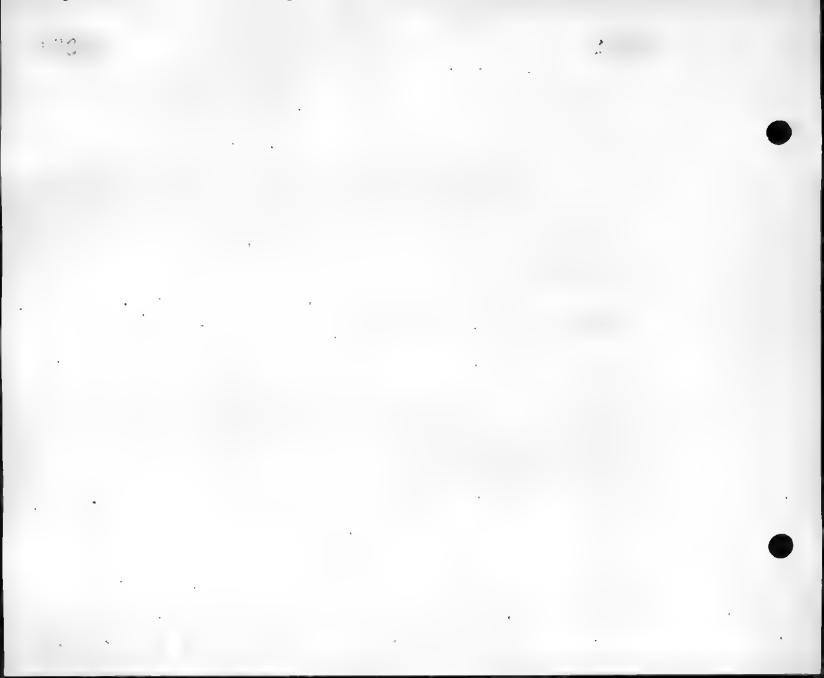
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the funeral director, should be filed with after death. Page 4 ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 may be retain the hospital or otherding physician

TO FUNERAL D

OR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carban papers Pages 1 the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72-boars ofter death. TO HOSPITAL OR VR A1S (4) 15M 9/59





FOR STATE HEALTH DERT. M ny delay is 2, and 3 ta PM3. Page at of death. Department 18. Give Pages 1, 3 along with farm Q) Office event grad any Examiner s pencil .= <u>E</u> pup

24 haurs after death

This certificate shauld be executed within

EXAMINER:

ird 'pending" in Chief Medical E

the ward

shauld be farwarded to

permit.

burial-transit

pe 2

removal,

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crematian,

burial, pasn

prior 3 shauld

designated agent,

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Health

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08281 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before odmis PLACE OF DEATH o. COUNTY Maryland b COUNTY CARROLL COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) write RURAL and give nearest town) Gist Baltimore d NAME OF HOSPITAL OR INSTITUTION (if not in hospitoligive street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? 423 Stratford Road Longview Farm YES NO 3 NAME OF First Middle Last 4 DATE Month Day Year DECEASED MICHAEL CHARLES HIPSLEY June 12 166 (Type or pnnt) DEATH SEX IF UNDER 1 YEAR 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BRITH 9 AGE (n veors IF J. NDFR 24 HRS lost birthdoy) Months Dovs Hours W DOWED DIVORCED 19 2xtx yrs 1-14-47 White Male 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Student Baltimore 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Milton A. Hipsley. Helene E. Skabisk IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) Milton A. Hipsley, Sr. -423 Stratford NTERVAL BETWEEN ONSET AND DEATH IB CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART I DEATH WAS CAUSED BY Multiple extremer injuries / IMMEDIATE CAUSE 10] DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse la st PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) .9 WAS AUTOPSY PERFORMED? NO X CERTIFICAT 200 EXTERNAL CAUSE WAS PR MARY OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port I, of tem .B) Skydiving - Parachute failed to open. CAUSE OF DEATH 20c TIME OF INJURY Month Doy, Year 20d .N.JRY OCCURRED 2Ge PLACE OF INJURY (Home, form (City or town) (County) (State) 5:00 Hour om Longview Farm Not While Carroll, Md. Gist 19 66 of work of work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X. Inquiry [] and in my apinion death resulted fram-Accident X] Natural couses Suicide | 1. Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22 DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 6-13-66 **EXAMINER'S** NAME (Type) Russell S. Fisher, M.D. Address (Street city, town, or county) 230 BUR AL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMOVAL (Specify) Burial Balto. RECD BY REGISTRAR REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

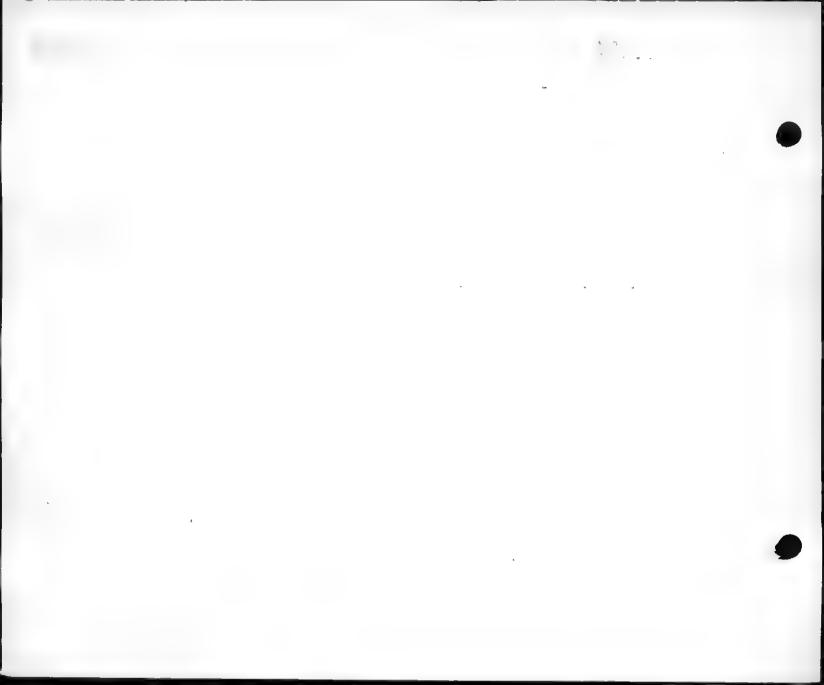
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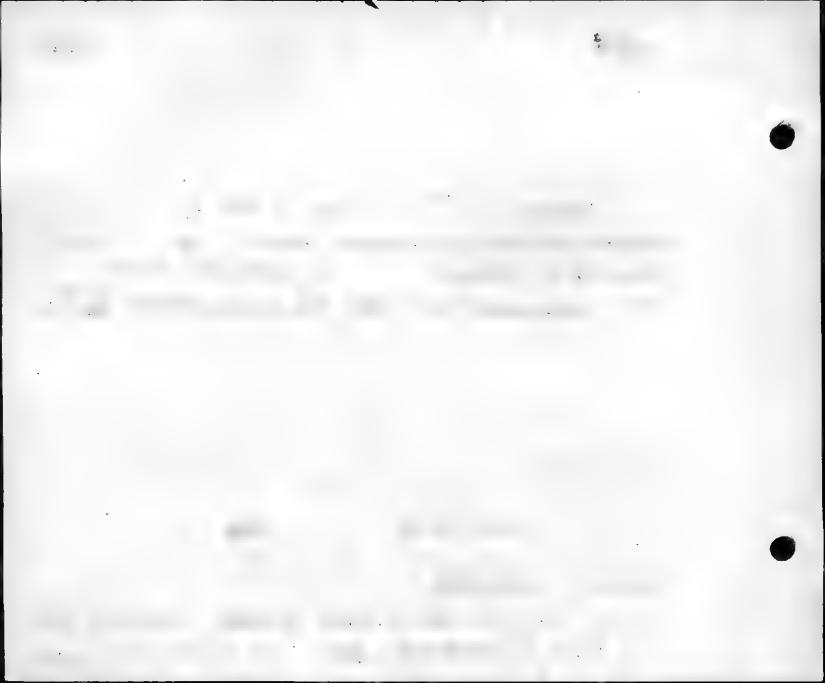
may be retained for yaur FUNERAL DIRECTOR: Page

funeral director

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MARYLAND STATÉ DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral death. hours after death. PLACE OF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) by the fu b. COUNTY sician and completely filled in by the flease remove carbon papers. Pages Land in any event, within 72 hours after MARYLAND b. CITY DR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 1b TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR write RURAL end give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? NO ET executed within NAME OF First 3. Middle DATE Month Day Year Last 4. DECEASED DF DEATH (Type or print) 19 ACE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS | last birthday) | Months | Days | Hours | Min. SEX DATE OF 9, 7. MARRIED WEVER MARRIED Months Days Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done) TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician a director, page 3 should be letached for use as the burial-transit permit. Then please a second be file with the State Dept. of Health prior to build be file. 10b. KIND OF BUSINESS OR (County & State, or foreign country) 12. CITIZEN OF WHAT PHYSICIAN: The law requires that the death certificate be the hospital or attending physician. during most of working life, even if retired) INDUSTRY FATHER'S NAME MOTHER'S MAIDEN NAME 14. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17. INFORMAN Address SAME (Yes, no, or unkown) (If yes give war or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating underlying cause last, (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. **WAS AUTOPSY** PERFORMED? YES [NO F 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (County) (State) TIME OF INJURY Month, Day, Year 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. OR ATTENDING P While Not While at work p.m. 19 at work L that (I) (we) last attended the deceased from 21. I certify that (I) (this hospital) and that death occurred at 6 500M, from the causes and on the date stated above. saw the deceased alive on ATTENDING PHYS. STAFF Page 4 may b PHYS. M.D. DIRECTOR PHYSICIAN ADDRESS 22d, BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. 23b DATE THEREOF 23c. **FUNERAL DIRECTOR ADDRESS** REC'D BY RECISTRAR 25b. REGISTRAR'S VR A15 (4) 15M 4-64





Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission PLACE OF DEATH o. COUNTY o. STATE Maryland b COUNTY Mortgomery Carroll MARYLAND b CITY OR TOWN (If outside corporate imits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give negrest town) Rockville d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET AOORESS e. IS RESIDENCE ON A FARM? Carroll County Hospital, West 1235 Gladstone Drive YES NO TA 3 NAME OF Middle First Lost 4. DATE Month DECEASED (Type or print) PAUL R. KING June 13,1966 19 S. SEX 8. OATE OF BIRTH AGE (In years IF UNOER 1 YEAR IF UNOER 24 HRS. 6. COLOR OR RACE 7. MARRIEO **NEVER MARRIEO** 4 pst birthday) Hours Male WIDOWED DIVORCED 3/6/1920 10a, USUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR 11 BIRTHPLACE (County & State or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? A. Maryland Automobile Salesman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ruth Trott Clarence King 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, ar unknown) ((If yes give wor or dates of service) Nancy H. King - wife- same itom #2 Yes WWT INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 1201 OUF TO Conditions, if any, which gave rise to immediate cause (a), **QUE TO** stating the underlying cause last. WAS AUTOPSY PERFORMEO? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES [MO 20g ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour a.m. While **Not While** factory, street, affice bldg, etc.) at wark of work 21. I certify that (I) (this hospital) attended the deceased fram. 1900 6 19 6 6, that (i) (we) last 19 66, and that death accurred at 650 M, from causes and an the date stated above. saw the deceased alive on. 22g. SIGNATURE 22b DATE SIGNED M.D. DIRECTOR PHYS PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type HARSHEY M.D. 23c. NAME OF CEMETERY OR CREMATORY LOCATION (Gity or Town). 23a. BURIAL, CREMATION, (State)

National

25b. REGISTRAR'S SIGNATURE

Arlington

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ond completely filled in by the funeral remove carbon papers. Pages 1 and 2 n any event, within 72 hours ofter deoth.

permit. Then physician or

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signed by the burial-transit

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O FUNERAL DIRECTOR: After

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be retained by the hospital or attending physician.

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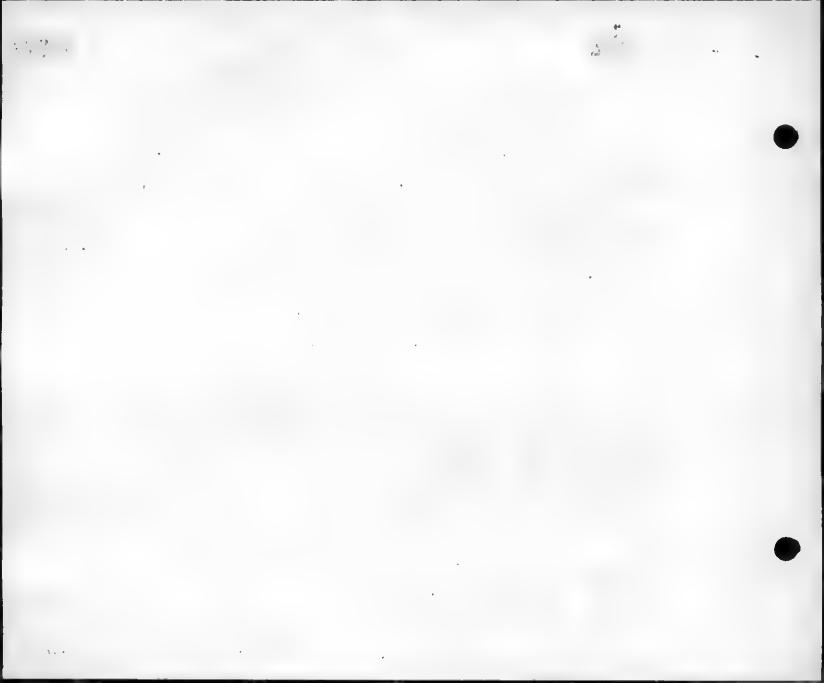
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director, page 3 should should be filed with the

PREMOVAL (Specify)

24. FUNERAL DIRECTOR
TYSON Vheeler Funeral Home

requires that the death certificate be executed within 24 Mours after



	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL 18285 CERTIFICATE OF DEATH	274
	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence be COUNTY)	sefore edmis
Ľ	Larvoll MARYLAND Maryland Carroll	
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give near town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give near town)	rest fown)
	West mino Tei 1 Hour New Window	
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		res 🔲 No
	NAME OF First Middle Last 4. DATE Month Dey DECEASED OF	Yeer
	(Type or print) Charles Philip Collet DEATH 6	1966
5	7. MAKKIED NEVER MAKKIED XI	UNDER 24 F
	// WIDOWED DIVORCED 6/3/66 yrs.	lours Mi
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF W	HAT COUN
	None Carroll County 1 (13)	A,
1	13. FATHER'S NAME	
	Philiph. Koller Emm A. Pittenger	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (Ifyesgive werer deteachs envice)	
	To Prone Emma Kollest. 2 Sykesvil.	le,Ma
_	18. CAUSE OF DEATH [Enter only one ceuse par line for (e), (b) and (c).]	AL BETWEE
		RTA
	FGOG DUETO	
	Conditions, if any, which \ (b)	
	geve rise to immediate cause (a), stating the underlying DUE TO	
	cause last. (c)	
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i	YES	1
-	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. VES 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Pert I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)	
2000	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County)	(Stet
64.	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) Hour e.m. p.m. 19 et work et work	
	21. 1 certify that (I) (this hospital) attended the deceased from 6-3 1966 to 6-6 1966 that	(l) (we
	saw the deceased alive on 1966, and that death occurred at 156M, from the causes and on the date s	tated ab
	22e. SIGNATURE	7 22b, D
	ATTENDING MED. STAFF DIRECTOR PHYS. 6/3/6	5
	22c. PHYSICIAN'S 1	
	NAME (Type) KARL M. Gereen MD 181 Fair-reld Are, Wastme	15/200
10.7	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(State)
	Purial 6/7/1966 Wesley Freedom Cenetery Carroll Co. Md.	
2	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR	E
	C. M. Waltz Box 241 Sykesville, Md. JUN 9 1966 Clarles &	y sil
	A THE MOTOR SOLVE STATE OF THE PARTY OF THE	



FOR STATE HEALTH DEPT.

Department after death. DEPUTY MEDION EXAMINER: This certificate should be executed within 24 hours after death. If any delay is—ecessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, ≡nd 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. used as a burial-transit permit. File pages 1 and 2 with the State to burial, cremation, or removal, and in any event within 72 hours O FUNERAL DIRECTOR: Page 3 should be of Health or its designated agent, prior O DEPUTY MEDIC

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
08286 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1	L. PLACE OF DEATH										idence b	efore admission)
	Carrol	7		14 4 POV (1 4	No.	a. STATE	land		b, CDUN		7	
\vdash	b. CITY DR TOW	N (If outside corpora	te Ilmits,	MARYLA c. LENGTH DF STAY		. c. CITY OR TO	VN (If outsi	ide corporat	te limits, wri	rrol te RURAL a	nd give	nearest town)
	Write RURAL	and give nearest too	vn)			Parme	.1 _ 1	Monah	ester		-,	
\vdash				ospital, give street add	ress)	d. STREET ADD		Hattett	op het.		l e.	IS RESIDENCE
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A3	I. NAME OF DECEASED		irst	Middle		Last	4.	DATE	Month		Day	Year
1	(Type or print)	PAU		LEROY		ESE, Jr		DEATH	6		9	1966
	S. SEX	6. COLOR OR RACE	7. MARRIED	REVER MARRIED		B. DATE OF BIR	TH .	9. AGI				Hours Min.
1.1	Male	White	MIDOWED			ct. 9,	1937	2	O yrs.			
1	Oa. USUAL OCCUPAT	ION (Give kind of work	done 10b. K	IND OF BUSINESS OR		11. BIRTHPL	VCE (State o	or foreign c	ountry)	12. CIT	IZEN OF	TAHW
	Driver	8		ndry & Cl	e ar	ersMa	rvla	nd		US		
T	3. FATHER'S NAM	E				14. MOTHER'S						
	Paul L.	Leese, S	Sr.			Hilds	Brow	WYD.				
	15. WAS DECEASED F	VER IN U.S. ARMED ET	DRCEST 16	SOCIAL SECURITY NO.	17.	INFORMANT			Addres	S		
Т	no, or unkown)	(If yes give war or dates	r service)	-34-0073	Mr	s. Fay	Lees	Α .	Manch	egter	a. A	ra.
=		FATH (Enter only on	na callse ner l	ine for (a), (b), and (c).	1	D. Lag	2000		ration	03 001		AL BETWEEN
П		ATH WAS CAUSED BY	1: Fra	cture Ma	130	use of	Fre	el](AND DEATH
П	>	IMMEDIATE CAUSE	(a) 442CC	Fire off	600	1. HU	news	ব				110
	Conditions, If		TO Fra	Ture of	80	of they	rerun	21/1	mu	/ }		
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	cause (a), st		10 Y	otor le	he	clip	luid	ins	-			
Ι,	underlying caus		(c)	JT ING TO DEATH BUT NO			INIAL BURGA	0000001717	ON OTHER ISSUE	DARTI(a)	120 1	WAS AUTOPSY
	FARTH. OFFICE	IGNIFICANT CONDITT	DUS COULKIBE	JIING TO DEATH BUT NO	IKELA	TED TO THE TERM	ILIMAL DISEA	SCCONDITIO	ORGITENINI	PART A(a)	F	ERFORMED?
. 3					,				1		YES	☐ ND ☐
CEDTICICATION	PRIMARY (F) or CAUSE OF DEAT	CAUSE WAS CONTRIBUTING THE		DESCRIBE HOW INJURY							m	UZ
		NJURY Month, Day,	Year 20d, 1	NUIDY DOCUMENTS 180	e. PLA	CE DE INJURY (He	me, farm,	20f. (Cltv	or town)	(Coun	ty)	(State)
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				nains described abov		- ' '	, Ins	pection [[٠, ١, ١	and i	n my opinion
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	100000	2	0/6	cturfiel	1		EDICAL EXA]			DATE CLANED
	SIGNATURE	curue	C300		4	M.D. ASSISTA					22.6	-9-66
	EXAMINER'S			/) ac	In	ug DEPUTY		_	- <i>I-I A</i>	MERCIT	rad	MJ
` _	NAME (Type)			V	-			y, town, or		,,, 3,0	1/	10
2	3a. BURIAL, CREM REMOVAL (Spe	ATION, 23b, DATE		23c. NAME OF CEM			1		ION (City, to		ity)	(State)
	burial	6/12/	66	Manchest	er	Cemete	ry		chest			Md.
7	24. FUNERAL DIRE			ADDRESS	_	25	. REC'D B'		R 25b. RE			URE
3	Tipton-	Eline	Ham	pstead, Mo	l.	De	AN T	4 1966) fu	iarles	Jus	ye

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MEDICAL CERTIFICATION

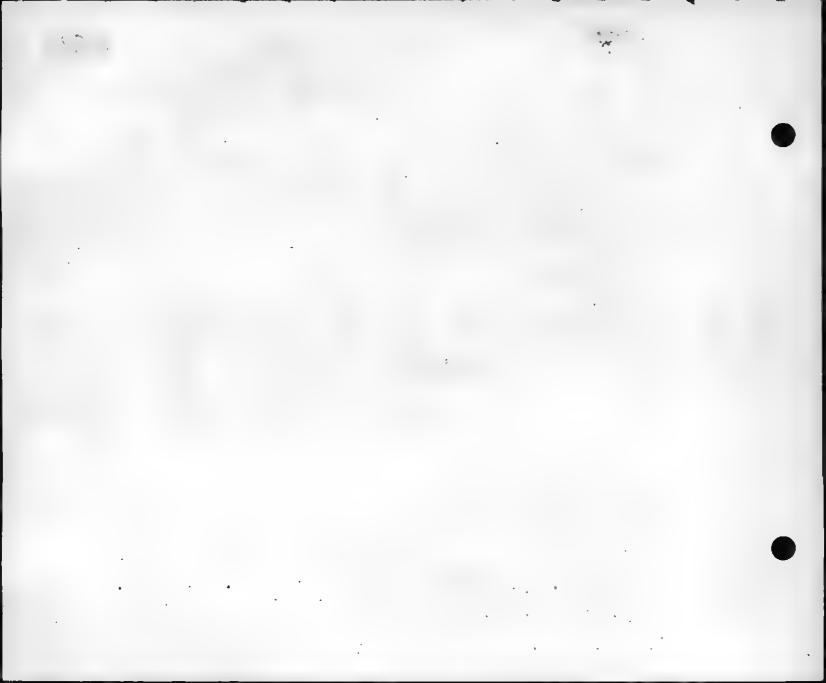
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					CERTIF	TUATI	E OF DEAT	п			(]	04	10
	PLACE DF DEATH	1			_		2. USUAL RESIDER			b. CDUNT	ſ <u>.</u>		,
	b. CITY DR TOWN	N (if outside cor and give nearesi	porate lim town)	its, c.	LENGTH OF ST		c. CITY OR TOWN		corporate II	mits, write	RURAL 2	nd give	nearest town)
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5	PRING 3:0	old Sta	ter H	esp: t	A \		No Six	ed A	iggies	as			S NO
	NAME OF DECEASED (Type or print)		First		Middle W M Ki		Last LCNNON	4. DA		Month a. N.C.		Day 4	Year 19 6 6
5.	SEX	6. COLOR OR RA	ACE 7. M.	ARRIED	NEVER MARR		B. DATE OF BIRTH		9. AGE (I last bi	n years IF rthday) M	UNDER 1	YEAR I	FUNDER 24 HRS. Hours Min.
10a	USUAL OCCUPAT	IDN (Give kind of a	vork done i	10b. KIND	OF BUSINESS		11. BIRTHPLACE (County & S	tate, or foreig	yrs. n country)	12, 617	IZEN O	F WHAT
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10.	60:11:02		VON				1 1	DEL N	L				
(Ye	. WAS DECEASED E	EVER INU.S. ARMI	ED FORCES	ce)	CIAL SECURITY		INFORMANT		- > > >	Address	falz	e l	laf:qzol
ur	KNOWN				News		ecends		6.100	. C. 1634			VAL BETWEEN
		DEATH [Enter on ATH WAS CAUSE IMMEDIATE CA	-		m;nal	(c). 1						ONSE	T AND DEATH
	Cenditions, if gave rise to cause (a), st underlying caus	any, which a limmediate that it is the control of t	(b) DUE TO (c)	Asci	ites					-		we	eks
CATION	PART II. OTHERS	IGNIFICANT CON	DITIONSCO	ONTRIBUTIN	IG TO DEATH BU	TNOTRELA	TÉO TO THE TERMINAL	. DISEASE (CONDITION	IVEN IN PA	RT 1(a)		WAS AUTOPSY PERFORMED? NO
CERTIFICATION	20a. ACCIDENT DR CONTRIBUTI (IF EITHER, ND	WAS UNDERLYIN NG [] CAUSE OF TIFY MEDICAL EX	G DEATH DEATH (AMINER)	20b. DES	CRIBE HOW IN.	JURY OCCU	RRED. (Enter nature	of injury i	n Part I or	Part II of I	tem 18.)		
MEDICAL	20c. TIME OF I Hour a.m p.r		Day, Year	While	RY OCCURRED Not While at work	20e. PLA facto	CE OF INJURY (Home, ry, street, office bldg.,	farm, 20 etc.)	f. (City or	town)	(Coun	ity)	(State)
	21. I certif	y that (1) (this	hoșpital)	attended	the deceased	from to			to 6 ~				nt (I) (we) last
		ceased alive on	6 -	4	19 66	, and that	death occurred at	7 A . M.	, from the				
	22a. SIGNATUR	~ /	ou a	here	40	M.D	ATTENDING	MED. DIRECTO	R STA	1	22b. DA		-
	22c. PHYSICIA NAME (T)	(pg)	jone	here			22d. ADDRESS	nøf.	state	Hos	n.		
232	. BURIAL, CREM		ATE THERE	***	3c. NAME OF	CEMETERY	OR CREMATORY	23d.			-	nty)	(State)
	REMOVAL (SOE	scify) 6-	11-6	6	Theur	Call	hedral		Bali	tino	u	, 5	red.
24	. FUNERAL DIRE	CTOR / //	1	10/2 /	ADDRESS	10	6 and Al men		EGISTRAR	25b. REG	ISTRAR'S	SIGNA	TURE
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TO HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate as been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please temove carbon papers. Pages 1 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in the state Dept. of Health prior to burial, cremation, or removal, and in the state Dept.



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

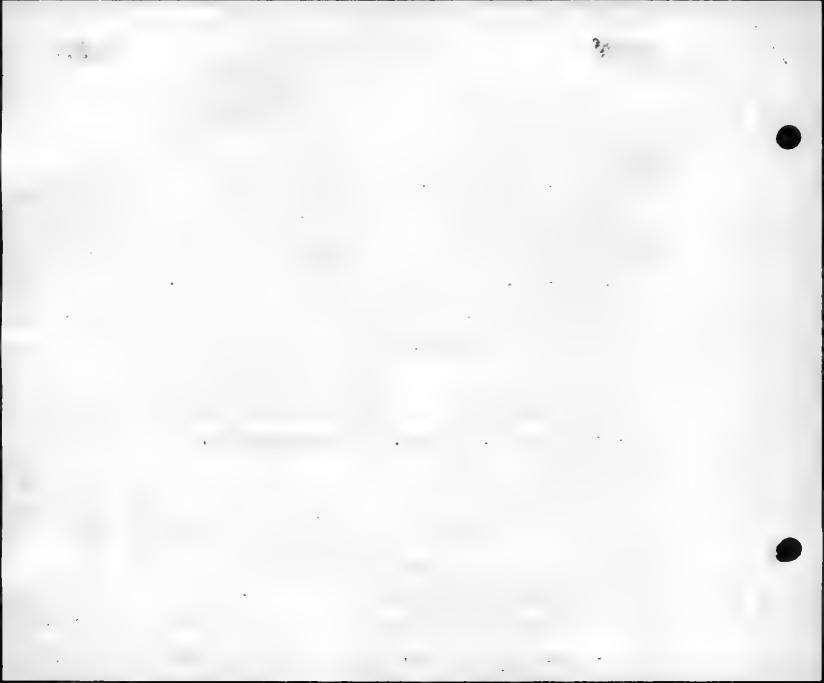
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	PLACE OF DEATH					USUAL RESIDENCE (lived, if institutio	n Residence befo	ire admission)	
	o. COUNTY Car	roll		MAI	RYLAND	o. STATE Maryland b. COUNTY Montg ry					
	b CITY OR TOWN (f autside carparate limit	ts,	c. LENGTH OF STAY	IN 1b C	CITY OR TOWN (If at	itside carparate	limits, write RURA	It and give neare	st tawn)	
	Syresvil	give neorest town)		24 days		Rockvill	e 208	52	15	.*	
		AL OR INSTITUTION (If a	at in haspitol, i	ive street address)	d.	STREET ADDRESS				e IS RESIDENCE ON A FARM?	
	Springfi	eld State	H òs pita	l		6716 Til	denwoo	d Lane		YES NO K	
	NAME OF DECEASED (Type or print)	Adelb	ert	Middle Frank	0	Lost RMSBY	4. DATE OF DEATH	Month June			
	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI	ED B. D.	ATE OF BIRTH		AGE (In years	IF UNDER I YEAR		
	male	white	WIDOWED	DIVORC	ED 🔲 7	-15-87		lost birthday) 78 yrs	Manths Days	Haurs Min,	
		(Give kind of work done	10b KI	ND OF BUSINESS OR	1	. BIRTHPLACE (County	& State, ar fare	ign country)	12 CIT ZEN C	F WHAT	
aur	ing most of working l Sa 193, 1811	- retired	3,5	DUSTRY		Wisconsin			COUNTRY		
13.	FATHER S NAME				14.	MOTHER'S MAIDEN	NAME				
	Frank Or	msby - dec	•			Jennie Mi	sick -	dec.			
15.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address										
fu.	ves	Reserves-1	2 /15	360-10-93	37 Spr	ingfield	State 1	Hosp., S	ykesvill	Le, Md.	
	18 CAUSE OF DE	ATH (Enter anly one co								TERVAL BETWEEN NSET AND DEATH	
	PART I DEATH WAS CAUSE BY: IMMEDIATE CAUSE (a) 52/X Pulmonary abscess										
	1	000	TO								
	Canditians, if any, rise to immediate	n cause (a)	(b)								
	stating the under		TO								
	last.)	(t)	A DESTRUCTION AND A	FLATED TO THE I	TRAINIAL DISCASS CO.	NDITION CHIEN	IN DADY 1/-3	100	. WAS AUTOPSY	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)										PERFORMED?	
CERTIFICATION		osclerotic	heart	CRIBE HOW INJURY	OLD SU	bdural he				YES NO	
ERTIF		CAUSE OF DEATH	205 06	STRIBE HOW INJUKE	OCCURRED. (Enle	r nature at injury in	Pair I of Pair	ii di nem to.j			
AL C		MEDICAL EXAMINER)	204 11	JURY OCCURRED	I and DIACE OF	INJURY (Hame, farr	n. 20f	(City or town)	(Caunty)	(State)	
MEDICAL	Haur an	IRY Manth, Day, Year	While	Nat While at wark		treet, affice bldg., etc.		(cit) or town)	(caomy)	(stote)	
-	p.n		at wor	c L at wark L	d former ()m	1-60	10 40	6=25=5	5 1n a	thot (I) (we) last	
1	21. I certif	fy that (I) (this ha	spital otten	dea the decease	a tram	ath occurred at	7 D.M	from courses of	und on the do	ite stoted above.	
	22a, SIGNATURE	eteused onve on			Zilid IIIdi de		<u> </u>		22b. DATE SIG		
	401	20,10	1	-118/1	-Combo	ATTENDING D	MED. DIRECTOR	□ STAFF □	6-25-6	56	
	22c. PHYSICIAN'S	72 /	12	a year of the		22d. ADDRESS				ital	
	NAME (Type)	Naci N.	Buyukin	isal, MD.			Sykas :	field St	ryland ?	21784	
23	a. BURIAL, CREMATIC	IN, 23b. DATE TH		23c NAME OF CE		IATORY		ATION (City or Taw			
B	UPENOVA (Specify	June :	28, 196	Parkla	wn			kville		ryland	
	4. FUNERAL DIRECTO			ADDRESS			D BY REGISTRA	R 25b. REG	STRAR'S SIGNATO	JRE Calar	
R	obert A.	Pumphre	y Be	thesda, I	Marylar	DATE 1	11N 2 9	1956	CHOYOR	The state of the s	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burnal-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filled with the State Dept. of Health prior to burnal, crematian, ar removal, and in any event, within 72 hours after deaths.

O HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66



executed within 24 hours after death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deat certificate by Page 4 may be retained by the hospital or attending physician.

To FUNERAL DIRECTOR: After this certificate has been signed by the attending prysician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cramation, or removal, and in any event, within 72 hour after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

_	08288	CERTIFICAT	E OF DEATH		08278
1.	PLACE OF DEATH a. COUNTY	The state of the s	2. USUAL RESIDENCE (Wh	ere deceased fired, if institution	n: Residence before admission)
_	Carrott	MARYLAND	Maryland	b. COUNTY	roce
	 CITY OR TOWN (if outside corporate lin write RURAL and give nearest town) 	nits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outsid	e corporate limits, write RU	RAL and give nearest town)
_	d. NAME OF HOSPITAL OR INSTITUTION (IF	148.	Nampos	tead - Kout	e 2
1	114 A) 1	nor in nospitar, give street address)	d. STREET ADDRESS		ON A FARM?
3.	NAME OF FIRST	me, Inc.	Last 14. I	PATE Month	YES NO Day Year
"	(Type or print) Catherin	e. Eilizabet	, 1011	PATE Month	Day Year 6 19 6 6
5.	SEX 6. CBLOR OR RACE 7. N	19 [1 2 - 1 2 - 1	8. DATE OF BIRTH	9 AGE /In years I E IIN	DER 1 YEAR HELINDER 24 HRS
	Emale White w	IDOWED DIVORCED	6-19-1869	fast birthday) Monti	hs Days Hours Min.
	a. USUAL OCCUPATION (Give kind of work done iring most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County &	State, or foreign country) 12	CITIZEN OF WHAT
_	House wife		Carroll - Ma	nchesterma	L. SA
13			14. MOTHER'S MAIDEN NAI	ME	•
15	Charles Hunt 5. WAS DECEASED EVER IN U.S. ARMED FORCES	På Lic continuentarino 1.72	Sophia	weaver	
ŧΫ	(If yes give war or dates of servi	S? 16. SOCIAL SECURITYNO. 17.	INFORMANT '	Address	THE DEPT.
-	18. CAUSE OF DEATH [Enter only one cau	150 nor 150 for (b) (b) and (c) 3	inje Daublitz	- Hampste	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ise per trite rul val/(b), and (c). I	72.	0 ,)	ONSET AND DEATH
	IMMEDIATE CAUSE (a)_	- minu	rugalar	wed	
	Conditions, If any, which (b)	all oursely	in Kelen (orace la De	7 44 1
	gave rise to immediate (cause (a), stating the OUE TO	Carlo Mark - Carlo -			
2	underlying cause last. (c)_				
CERTIFICATION	PARTII.OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASI	CONDITION GIVEN IN PART	19. WAS AUTOPSY PERFORMED?
CERTIF	20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature of Injury	In Part I or Part II of Item	18.)
	20c. TIME OF INJURY Month, Cay, Year	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 2	Of. (City or town)	(Gounty) (State)
MEDICAL	Hour a.m.	While Not While facto	ry, street, office bldg., etc.)	1	
-	21. I certify that (I) (this hospital)	7	4615 1966	to Same 6 19	that (1) (we) last
	Suit the decorated differ on	1966, and that	death occurred at 43%	M, from the causes and o	on the date stated above.
	228. SIGNATURE	12	ATTENDING MED.	STAFF 22b.	DATE SIGNED
	22c. /PHYSICIAN'S	M.O	DIRECT 1 22d. AODRESS	OR PHYS.	10/00
	NAME (Type) Joseph &	13486 MD	Harris	end me	yland
238	a. BURIAL CREMATION, 235. DATE THERE	EOF 23c. NAME OF CEMETERY	OR CREMATORY 23d	. LOCATION (City, town or	county) (State)
24	Burial 6/8/66	Becklessvi ADORESS	11e 25a, REC'D BY	Balte Co	RAR'S SIGNATURE
	Tipten-Eline	Hampstead, Md.	OATETAL C	1966 gilan	4 0 4
-			JU11-0	TUUU 77"	17-71-

VR ALS (4) 20M 1/65

TO HOSPITAL

1-69 11

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death PLACE OF DEATH
 a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY letely filled in by the furbon papers. Pages 1 a within 72 hours after d a. STATE CARROLL MARYLAND Bhltimore City MARYLAND c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b 4yrs.11mo.27d Baltimore Sykesville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Springfield State Hospital 2702 Goodwood Road NO M YES completely to death certificate be executed within 3. NAME OF First Middle Last DATE Month Year DECEASED (NMN) MARIE RAMMES JUNE 66 DEATH 19 (Type or print) AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS | last birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE | 7. MARRIED temove 8. DATE OF BIRTH NEVER MARRIED White Female 8-29-04 WIDOWED . DIVORCED X 61. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

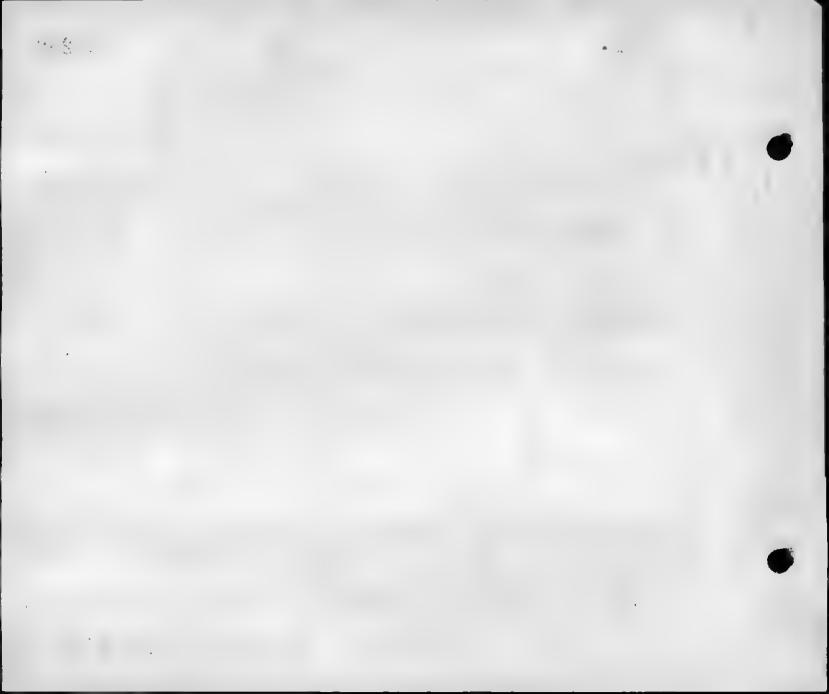
10b. KIND OF BUSINESS OR UNDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then please a should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in COUNTRY? Department Store Clerk Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rose George Gernhardt 15. WASDECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Records Address Sylcesville (Yes, no, or unkown) (If yes give war or dates of service Maryland 218-14-7007 Springfield State Hospital 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Transition and dehydration O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. **DUE TO** Pre-senile brain disease Conditions, if any, which (b) gave rise to immediate Fecal impaction. Multiple decubitus. DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? Chronic brain syndrome associated with presentle brain disease with psychotic reaction.

20a, ACCIDENT WAS UNDERLYING CORCONTRIBUTING COLOR CONTRIBUTING COLOR DEATH OF DEATH OF PART II OF PART II OF ITEM TO COLOR TO THE FITHER, NOTIFY MEDICAL EXAMINER) YES X NO F 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) Hour a.m. Not While at work While p.m. at work 19 67. to 6 - 27 - 1921. I certify that (I) (this hospital) attended the deceased from. 6-27-19 66 and that death occurred at 12: M, from the causes and on the date stated above. saw the deceased abve on. 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. June 27, 1966 M.D. DIRECTOR PHYSICIAN'S Springfield State Hospital Ernest Beiser. M.D. | 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY (State) Oaklawn Cemetery Baltimore Burial 6-30-66 25a. REC'D BY REGISTRAR **FUNERAL DIRECTOR** ADDRESS 6009 Harford Road Robert C. Altenburg VR ■15 (4) DATEN Funeral Home Inc. Baltimore, Md. 2121/ 15M 4-64



STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH V. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) e. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 write RURAL and give neerest town) - MCYMT HINY KUV21d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE 9 ON A FARM? Route 144 YES NO X Year 3. NAME OF 4. DATE Month Day DECEASED Albert DEATH 1966 (Type or print) 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years , IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) | Months 1 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE . County & State, or foreign country) done during most of working life, even if retired) Maryland Beito Co. TVYCK 13. FATHER'S NAME Sarah 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (If yes give we rordates of service) -09-9347 Mrs. Charles A. Randle Mt. Airy Med 18. CAUSE OF DEATH |Enter only one cause per line for (a), (b), end (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Acute Coronary Thrompours IMMEDIATE CAUSE (e) DUF TO (b) Arterioscleratic Cardiovascular Disease geve rise to immediate cause DUE TO (a), stating the underlying couse last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 11611 19. WAS AUTOPSY PERFORMED? NO X 20s. ACCIDENT WAS UNDERLYING | | 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20e, PLACE OF INJURY (Home, ferm, 20f. (Cily or town) (State) (County) 20c. TIME OF INJURY 20d. INJURY OCCURRED factory, street, office bldg., etc.) Not While Hour a.m. et work at work saw the deceased alive on June 4 1966, and that death occurred at 9 A. M. from the causes and on the date stated above. 22a. SIGNATURE SIGNED DIRECTOR PHYS. 1.1966 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 123c. NAME OF CEMETERY OR GREMATORY 235 BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 25a, REC'D BY REGISTRAR 25b 24 PUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7-62

RTMENT OF HEALTH



FOR STAKE HEALTH DEPT.

O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is a cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a llurial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. TO DEPUTY MEDIC.

VR AISME (5)

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	08292	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	08281
	I. PLACE OF DEATH a. COUNTY					ution: Residence before admission
L	Carroll		MARYLAND	a. STATE Maryl.	and b. county	, downt.
Г	b. CITY OR TOWN (If outside write RURAL and give near	corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If or	itside corporate limits, write	RURAL and give nearest town
L	S/kesville		Imo. 1 dy.	Monro	via	/ -
L	d. NAME OF HOSPITAL OR INS	TITUTION (If not in hos	spital, give street address)	d. STREET ADDRESS		e. IS RESIDENCI ON A FARM?
L	Springfield St	tate Hospita	al			Unkves No
	3. MAME OF DECEASED (Type or print)	First DOROTHY MA	Middle AY RANDOLPH	BANdolf)	DATE Month	- 17 1966
11.0	5. SEX 6. COLOR OR		NEVER MARRIED	8. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HR
L	Fmmale Negro	MIDOMED		3-13-29	or yrs.	onths Days Hours Min.
13	Oa. USUAL OCCUPATION (Give kind turing most of working life, even	of work done 10b, Kif	ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (Stat	e or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Domestic			Maryland		U.S.A.
ľ	13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
L	Howard Duva	11		Edith		
l	15. WAS DECEASED EVER IN U.S. AF (Yes, no, or unkown) [(If yes give war	RMED FORCES? 16. S or dates of service)	OCIAL SECURITYNO. 17.	INFORMANT	Address	
	No			Records, Spri	ngfield State	Hospital
	18. CAUSE OF DEATH [Enter PART I. DEATH WAS CAU	ICED DV.				INTERVAL BETWEEN ONSET AND DEATH
l	IMMEDIATE	CAUSE (a)	Pulmonary Emb	olism		Minutes
L	HE5X	DUE TO				
L	Conditions, if any, which gave rise to immediate	(b)				
ı	cause (a), stating the underlying cause last.	BUE TO				
13		ONOTIONS CONTRIBUT	ING TO DEATH BUT NOT BEL	ATED TO THE TERMINAL DIS	FASE CONDITION GIVEN IN PA	RT1(a) 19. WAS AUTOPSY
15	0.1.2					PERFORMED?
1 2	20a. EXTERNAL CAUSE WAS	Reaction,	Unronic Undia	ferentiaedd i	GYDO Jury in Part I or Part II of i	
	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	G 🗆			,,	, , , , , , , , , , , , , , , , , , ,
	PARTIL OTHER SIGNIFICANT C Schizophrenic 20a. EXTERNAL CAUSE WAS PRIMARY I or CONTRIBUTIN CAUSE OF DEATH. 20c. TIME OF INJURY Month Hour a.m. p.m.		JURY OCCURRED 200. PL	ACE OF INJURY (Home, farm	20f. (City or town)	(County) (State)
18	Hour a.m.	While r	— NOT WILLS —	ory, street, office bldg., etc.		
:	21. I certify that I took	19 at work!	ing described above he	ald an Autoney la	nspection , Inquiry	and in my opinion
L		Natural causes .		vicide . Homicide		
ı	S -	()	Accident [], og	CHIEF MEDICAL E		diliter
	ACTUAL Maurie	ie C. Va	rter freelf	M.D. ASSISTANT MEDIC		22. BATE SIGNED
				Frey DEPUTY MEDICAL	EXAMINER	FACT (ARROLL
	NAME (Type) Maurice				city, town, or county	
2	3a. BURIAL, CREMATION, 23b.		23c. NAME OF CEMETER		23d. LOCATION (City, town	**
1		/22/66		y Cemetery	Clarksburg	g, Md.
1	243 FUNERAL DIRECTOR	An 1	ADDRESS		BY REGISTRAR 25b. REGI	carlly Judge
	TRANSE KI	1 Morrell	Dock	NULTER BY	2 3 1966 /	wrong guage



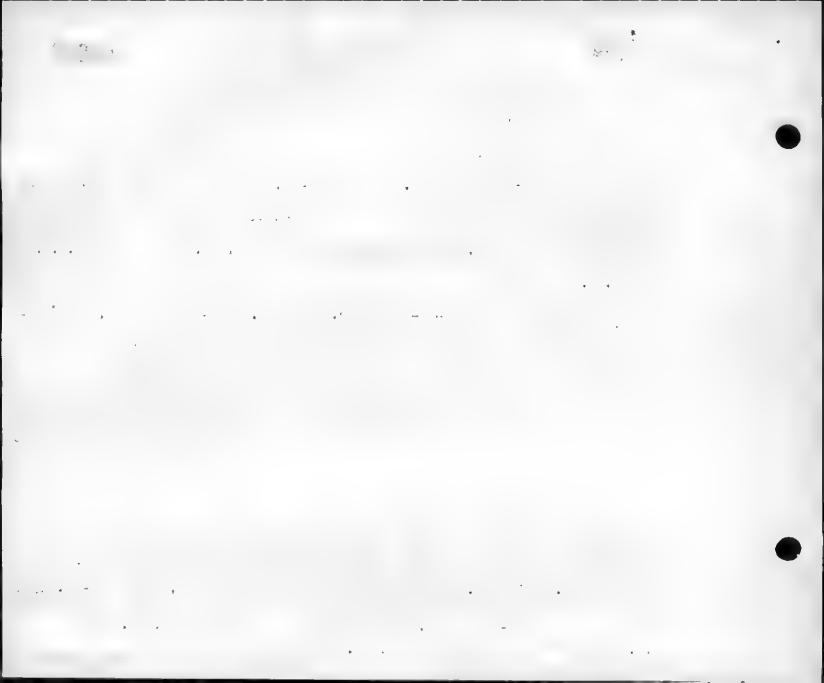


MAKILMIND STATE	DEL ARTIMENT OF HEAETH	
ESEARCH AND RECORDS,	301 W. PRESTON STREET, BALTIMORE, MARYLA	ND 2120

	08294	k		CERTIF	ICATE	OF DEATH			B	82	83	
T	PLACE OF DEATH					2 USUAL RESIDENCE (e before	odmissi	on) /
	o. COUNTY	Carroll		MARY	LAND	o. STATE Mary.	land	b. COUNT	^P Fr	ede:	rick	
	b CITY OR TOWN (If outside corporate limit	5,	c. LENGTH OF STAY II	V 16	C CITY OR TOWN (If or	itside corporate	limits, write RUR	AL and give	neorest	fown)	
	WITH KOKAL OIL	Westminster		Hours			erick			1 4	7.	
		AL OR INSTITUTION (If n				d. STREET ADDRESS				6	IS RESI	DENCE ARM?
	Carro	11 County F	lospita	1		Dula	ney Ave	nue			ES 🔲	NO K
3	NAME OF DECEASED		rst	Middle		Lost	4 DATE OF	Month		Doy	Ye	
	(Type or pnn+)		ul	W.		Rice-5r.	DEATH	Ju		1-	19	66
2	SEX	6. COLOR OR RACE	7. MARRIED	A	<u> </u>	B. DATE OF BIRTH		AGE (In years lost hirthdoy)	Months T	YEAR Doys	IF UNDER	R 24 HRS
L	Male	White	WIDOWED	DIVORCED		July 11-191	4	54 yrs		'		
10c	USUAL OCCUPATION ring most of working Retire	(Give kind of work done are, even if retired)		nd of Business or Dustry oad Brakem		11 BIRTHPLACE (County			32. CITI.	ZEN OF NTRY?	S-A	
	Retire	d	R.R	oad Brakem	an	Frederick				U	.S.A	. 0
13.		a n				14. MOTHER 5 MAIDEN						
16		C. Rice- li		SOCIAL SECURITY NO.	17 6	NEORMANT	epecca	Ausherma Addres		cea	sed	
	es no, or unknown)	(If yes give wor or dotes	of service)				Dia			Tilos e	Md.	-1-
-	NO CAUSE OF DE	EATH (Enter only one col		1/1-10-2222	Mr	s. Myrtle E	• Klce-	Dullane	/ Ave		CETI	
	PART I. DEAT	TH WAS CAUSED BY			Pour	YARY THA	ery Bos	, <	Supple	ONS	I AND D	EATH
	400	/ IMMEDIATE CAUSE	(4)	20/6	<u> </u>	1477		[JULA	<u> </u>	EA-	17-
	Conditions, if ony	, which gove }	(b) B	RTERIOSCL	BON	TIC HEAR	T 21	SEASE		54	45	
1	rise to immediate											
	last.)	(c)									
z	PART II, OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT RELA	ATED TO T	THE TERMINAL DISEASE COI	NDITION GIVEN	IN PART 1(o)		19.	WAS AUT	DPSY IED 2
SE SE										YES		NO 📑
CERTIFICATION	200 ACCIDENT WAY	S UNDERLYING CAUSE OF DEATH	20b. DE:	SCRIBE HOW INJURY OC	CURRED.	(Enter noture of injury in	Port I or Port I	l of item 18.)				
15	(IF EITHER, NOTIFY	MEDICAL EXAMINER)										
MEDICAL	20c. TIME OF INJU	JRY Month, Doy, Year	20d IN While	Not While		CE OF INJURY (Home, form ory, street, office bldg , etc.)		(City or town)	(Cour	ity)	((stote)
×	p.r	n. 19	ot work	ot work								
		fy that (I) (this has	·			, ,	1962, ta.	,		6 th		we) las
saw the deceased alive an									an the			abave
	220. SIGNATURE	Von la	00	1 Tours	POME	ATTENDING PHYS	MED. DIRECTOR	STAFF PHYS.	June			<u> </u>
	22c. PHYSICIAN'S	Juna		o vegna	Carry III.	22d ADDRESS	DIRECTOR L	<u> ۲۸۱۵. ک</u>	Гошк		1,700	
	NAME (Type)	Dr. Richa	ard C. I	Reynolds		804 Toll	House	AveFre	ederio	k-M	d.21	.701
230	BURIAL, CREMATIC		ERFOF	23c. NAME OF CEME	TERY OR (CREMATORY	23d. LOCA	TION (City or Tow	m) (County)	(S	tote)
	REMOVAL (Specify	June l	1-1966	Mt. Oliv	et C	emetery	Fred	erick,	id. 21	1701		
24	FUNERAL DIRECTO	R	20	ADDRESS 7	nhi	France 250 RECT	BY REGISTRAR	2Sb. REG	SISTRAR'S SIG	SNATURE		
	ELOROED CH	ison & Son		Frederick,	MCC	CTIOT WASTER	0 40	001	Va	0	100	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after each. Poge 4 may be retained by the hospital or ottending physician. VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate <u>the e</u>xecuted within 24 hours after deat

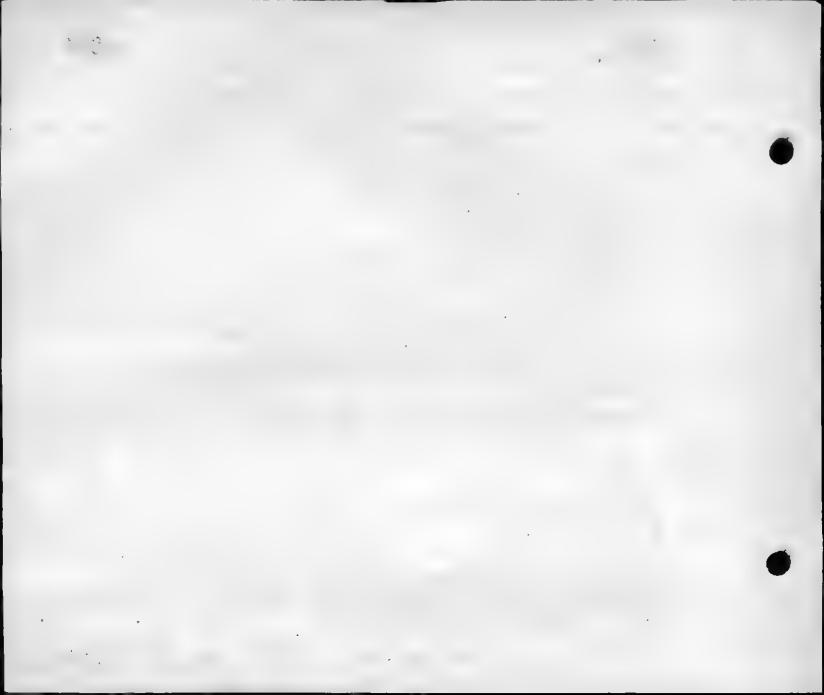


PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RTIFICATE OF DEATH funeral 15 kilm +3/8 7/1/66mh-I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before adm ssion) a COUNTY b. COUNTY/ the day MARYLAND and b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Š LANS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (16 not in hospital, give street eddress STREET ADDRESS papers, Pag n 72 hours ON A FARM? YES NO 3. NAME OF DATE Day Year DECEASED DEATH 23 19 66 (Type or print) AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 8. DATE OF BIRTH 9. 7. MARRIED NEVER MARRIED and lest bjøthday) WIDOWED [7] DIVORCED attending-physician 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13 FATHER'S NAME 401 Unknown 풉 16. SOCIAL SECURITY NO. | 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Hyes give war or detes of service has been signed by the INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per time for (e). (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause last PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO X 20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part 1 or Pert 1 of Item 18)
OR CONTRIBUTING [] CAUSE OF DEATH After this IF EITHER, NOTIFY MEDICAL EXAMINER (State) 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) 20L. TIME OF INJURY fectory, street, office bldg., etc.) While Not While Hour e.m. ay be retaind IRECTOR: p.m. , to 1/1014 23 194 (g) that (1) (we) last 6, and that death occurred at A.M. from the causes and on the date stated above saw the deceased alive on. DATE SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. PHYS. M.D. O HOSPITA death. Pagr IO FUNERA director, page be filed with 22 PHYSICIÁN 22d. ADDRESS 23d, LOCATION (City, town or county CEMETERY OR CREMATORY Md_{\bullet} Carrol Co Wesley Cemetery REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR ATS (4) 15M 7 6T Tipton-Eline Hampstead. Md.

law requires that the

attending

DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) PLACE OF DEATH Maryland **b** COUNTY a. COUNTY o. STATE Carroll Maryland MARYLAND Oyr. Omo. 6d. c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, (Rural) Sykesville Baltimore City 21214 e IS RESIDENCE ON A FARM? d STREET ADDRESS d. NAME OF HDSPITAL DR INSTITUTION (If not in hospital, give street address) Springfield State Hospital 5318 Grindon Avenue YES NO SE 4 DATE Month Year Middle Lost Day NAME OF DECEASED (NMN) Richmond 66 Laurence 19 DEATH (Type or print) 24 HRS. 8. DATE OF BIRTH 9. AGE (In years YEAR 6. COLOR OR RACE 7 MARRIED **NEVER MARRIED** last birthday) Manths Days Haurs Min 7-22-95 WIDOWED DIVORCED male white 11. BIRTHPLACE (County & State or fareign country) 12 CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 10o 1ISt, AL OCCUPATION (Give kind of work done COUNTRY? during most of working te, even if retired) INDUSTRY Maryland USA XXXXXXX Retired Salesman 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Nancy Wright Henry Holland Richmond Address IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war ar dates at service)
Yes, Navy 19-18-1919 216-07-8941 Hospital Records INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY. Cardiac failure due to renal insufficiency IMMEDIATE CAUSE (a) DUE TO Arteriosclerotic cardiovascular disease vears DUE TO WAS AUTOPSY PERFORMED? NO sclerosis, with psychotic reaction. 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of Item 18.) (City or town) (County) (Stote) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, Hour o.m foctory, street, office bldg , etc.) Not While While Not While 1966_, ta__6=9 19.66, and that death accurred at 10:50M, fram causes and on the date stated above. saw the deceased alive an 6-9 22b. DATE SIGNED STAFF 6-10-66 DIRECTOR PHYS. M.D. PHYS

18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).) Conditions if any, which gave rise to immediate couse (a), stating the underlying cause last. PARTH, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NDT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Chronic brain syndrome associated with cerebral arterio-CERTIFICATION 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 21. I certify that \$1) (this haspital) attended the deceased fram. 1966, that XI) (we) last 22a SIGNATURE 22d. ADDRESS 22c. PHYSICIAN'S Heinz H. Klaatsch. M.D. NAME (Type) Springfield State Hospital 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) 23b. DATE THEREOF (County) (State) BURIAL, CREMATION, REMOVAL (Specify) Baltimore National Cem. 6/13/66. Baltimore, Md. 24. FUNERAL DIRECTOR Leonard J. Ruck Inc. Balto. Md. 21214 25o. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 1966

VR A15 (4) 20 M 1/66

OF FUNERAL DIRECTOR: After this certificate "s been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to

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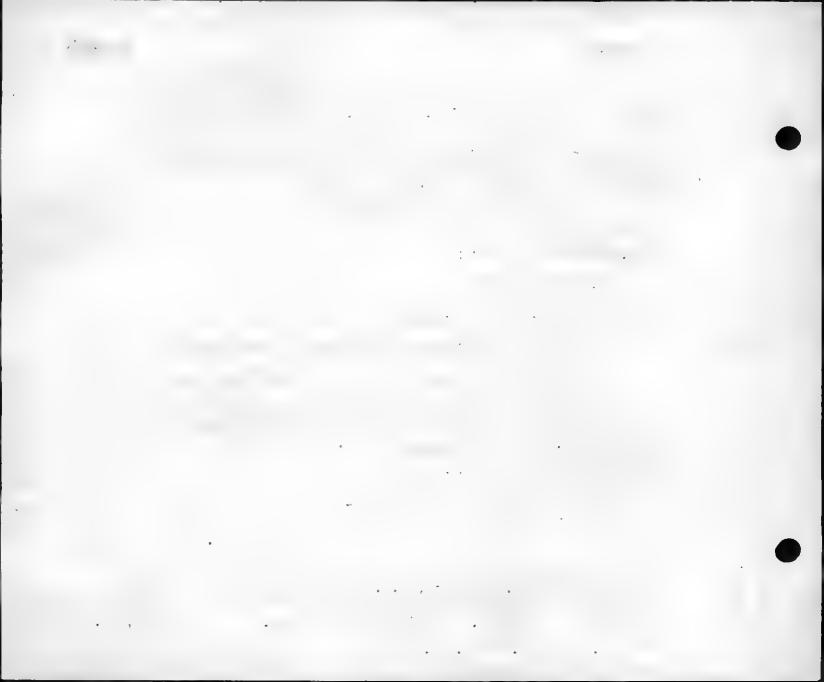
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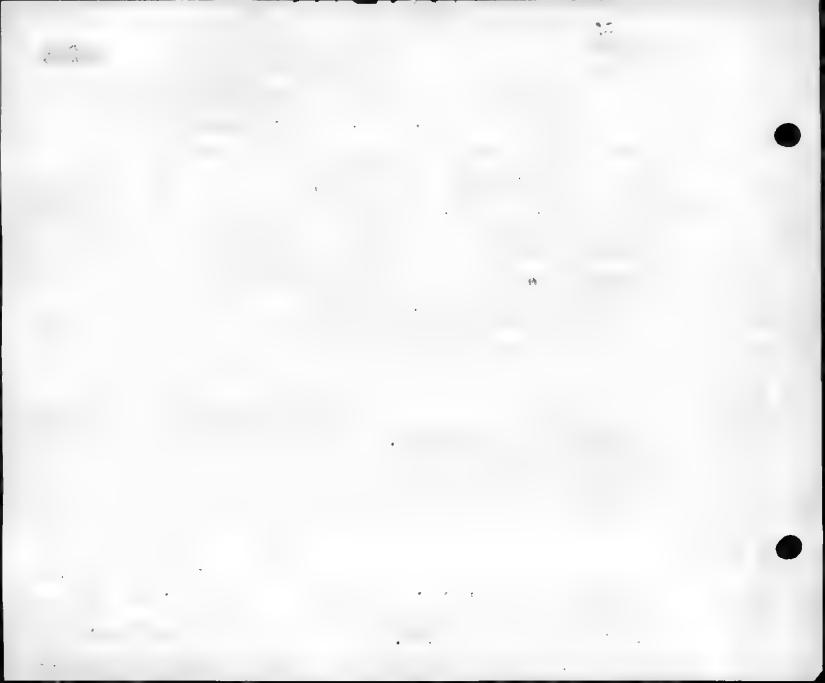
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08297 CERTIFICATE OF DEATH the state of requires that the death certificate be executed within 24 haurs after death physician and campletely filled in by the funeral en please remave carban papers. Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission 1. PLACE OF DEATH a COUNTY **b** COUNTY Maryland Howard MARYLAND b CITY OR TOWN (If autside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corparate limits, write RURAL and give pearest tawn) write RURAL and give negrest town) Rural--Sykesville 4mo. 13days Ellicott City d NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? 76 Church Road Springfield State Hospital YES NO 🔼 NAME OF Middle 4. DATE Last Manth Year DECEASED (Type or print) 1966 Elizabeth Hunt. Rogers 6 event, DEATH SFX 8 DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6 COLOR OR RACE 7 MARRIED NEVER MARRIED last birthday) 11/9/92 any female white K DIVORCED WIDOWED 10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of work no life even if retired) INDUSTRY Maryland 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME removal, Joseph Bratten Elizabeth Hunt IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, na, or unknown) (If yes give war or dates of service) Springfield Hospital records, Sykesville unknown INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) signed by the burnal-transit p ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: 3 rouch preumonia IMMEDIATE CAUSE (a) DUE TO dio vas inal Conditions, if any, which gave (b) rise to immediate cause (a), DUE TO has been s stating the underlying cause as the PART II OTHER SIGNIFICANT CONDITIONS CONTRIBLING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? Chronic brain syndrome associated with alcohol intoxication without qualifying phrase. Health 1 NO TO FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) Hour a.m. Not While factory, street, affice bldg., etc.) at work at wark 21. I certify that (事(this haspital) attended the deceased fram / - とよー 19 00 that 0% (we) last 1900 19 On, and that death accurred at 100 AM, from causes and on the date stated above. saw the deceased alive an_ 22a. SIGNATURE 22b. DATE SIGNED ATTENDING 6/8/66 PHYS. director, page should be filed Springfield State Hospital 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Suha Ozgun, M. D. Sykesville. Maryland 23b DATE THEREOF 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, (County) (State) REMOVAL (Specify) 6/10/66 St Johns Ellicott City. Ma. 24 I DERHOMINOOThom Ellicott City ADMAS 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR



1	MAKYLAND STATE DEPARTMENT OF MEALTM Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND
OR STATE	08298 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	08287
PT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institutions	Residence before edmission
	Carroll Maryland Baltimor	o City
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL as	d give nearest town)
	write RURAL and give nearest town) Sykesville 1 yr. 1 mo. 7 dys. Baltimore	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	IS RESIDENCE
	Springfield State Hospital 2665 Oswego Avenue	ON A FARM?
	3 NAME OF First Middle Lest 4. DATE Month	Day Year
ı	(Type or print) RONALD MYRON ROSEN DEATH June	7 19 66
ł	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In your IF UNDER	
l	Male White WIDOWED DIVORCED 2-6-33	Deys Hours Min.
I	10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign sountry) 12. CI	TIZEN OF WHAT COUNTRY
1	Salesman RETAIL Maryland, BALTIMORE	U.S.A.
ı	13. FATHER'S NAME	
l	Mitchell Rosen Barbara Bauver	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unkown) (Ifyes give were detecof service) MITCHELL ROSEN 3624 FORDS LANE.	#.1.5
ļ	No 215-32-5588 MANGHAMANANANANANANANANANANANANANANANANANANA	MEN.
1	18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).) PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
ı	IMMEDIATE CAUSE (0) Bilateral Tremonition	3days
I	Conditions, if any, which \ (b) Drug allelictions (Overdren)	IFULA
ı	gave rise to immediate cause	1570.
ı	(a), stating the underlying DUE TO	
ı	Cause lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	T I(e) 19. WAS AUTOPSY
١	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 20b. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY or CONTRIBUTING	PERFORMED?
	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Pert II of item 18.)	
I	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	
ĺ	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Co	unity) (State)
۱	20c. TIME OF INJURY Month, Day, Year Hour a.m. P.m. 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (Co	
ı	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry .	and in my opinion
١	death resulted from: Natural causes Accident . Suicide . Homicide . Undetermined manner	
	CHIEF MEDICAL EXAMINER	
	SIGNATURE Parice C. Tarles fuel M.D. ASSISTANT MEDICAL EXAMINER [DATE SIGNED
	/) Oct will deputy medical examiner	
ı	NAME (Type) Maurice C. Porterfield, M.D. Hampstead Maryland County)	6-7-66
I	226. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or sount)	
	BURIAL JUNE 10, 1966 OHEL YAKOV CONG BALTIMORE, MAR	
	23. CONVERGIL DIRECTOR 6010 ABORTS DE RS TOWN ROAD 240, REGISTRAR 246, REGISTRAR'S	IGNATURE
-	Defuncion & Brook to DATE HIN 1 1 1000 Min	
	0011 14 1300	The state of the s

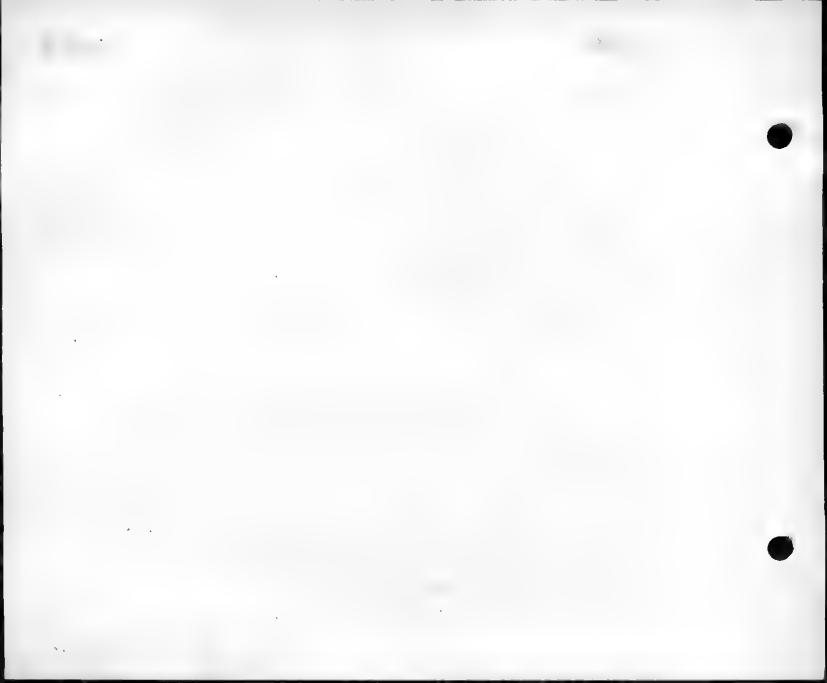


CERTIFICATE OF DEATH TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then there is remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and may event, within 72 hours after death. ours after math. TO HOSPITAL OR ATTENDING PHYSICIAN: The law remaines that the death certificate be meemited mitmin Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05268

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1.	. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Re-	sidence before admission)
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1_	MARYLAND	maryeum Car	na
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give negrest town)	c. CITY OR TOWN (If butside corporate limits, write RURAL :	and give nearest town)
ı.,		1011 10	,
1	Watminelle aurange	Mermour	. /
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	and of Many Co	25 East Glorge St.	
-	LS Mas Heary ST.	To care seonge An	YES NO A
3.	3. NAME OF First / Middle	Last 4. DATE / Month	Day Year
	(Type or print) ANNA MARIE ROTH	ENBERIFE DEATH JUNE	16 1966
5.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED Z 8		
1 3	Lemale White WIDOWED DIVORCED 1	Contract 1 1/1/2	Days Hours Min.
1-4			TIZEN OF WHAT
1 #	to a USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR linguistry linguistry linguistry linguistry		UNTRY?
10	511. 7. 1/3//	What minutes mid - 1	150
1-0	operation in continuing factory.	14. MOTHER'S MAIDEN NAME	1.0-4
17	TAINER'S MANIE	14. MOTHER'S MAJDEN HAME	11
1/2	HAMA MAILLAND WATERS IN MA	Marling Hellen Hel	
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECORITY NO. 17.	INFORMANT Address	
Εô	(Yes, no. or unknown) (If yes give war or dates of service) // // // //	A A A A A A A A A A A A A A A A A A A	ame
	2/6-14-6422 /1/	angle las Pollers Elean	1/1/20-
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),]	The state of the s	INTERVAL BETWEEN
1		0	ONSET AND DEATH
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PRECIMENTAL		3 days
	12 AV		
1	DUE TO		•
	Conditions, If any, which (b)		
1	gave rise to immediate DUE TO		
1	cause (a), stating the	- an and and	1 year
_	underlying cause last. (c) Methodala Calle Co	comprises of vice 23	THE PURPOSE
□	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
15	₹		YES NO Z
CERTIFICATION	and the property was interest visited to the property of the p	DDED (Faton nature of laters to Best Los Bost II of Item 19)	
ΙĒ	E 20a. ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCUI	RRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)	,
13	OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
		CE OF INJURY (Home, farm, 20f. (City or town) (Cour	nty) (State)
15	Hour a.m. while — Not while —	y, street, office bldg., etc.)	(0.010)
MEDICAL	Hour a.m. While Not While p.m. 19 at work at work		
2		6 1 200 C Warn offer 10/-	/ Abot (I) (us) look
	21. I certify that (I) (this hospital) attended the deceased from	6. 1 , 1945, to ferrela, 194	that (I) (we) last
1	saw the deceased alive on serve 16, 1966, and that		
	22a. SIGNATURE	, 22b. DA	ATE SIGNED
1	1 100.00	ATTENDING MED. STAFF	
	C Toklingster M.D.		
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	. /
	MARIE (1) 100 C. L. 131//17 9 5/8 01	Wes menster, 1	rd.
-	23a. BURIAL_CREMATION, 23b. DATE THEREOF 23c, NAME OF CEMETERY	OR CREMATORY 23d, LOCATION (City, town or cou	inty) (State)
123	23a. BURIAL GREMATION, 23b. DATE THEREOF 23c, NAME OF CEMETERY	OR CHEMATORY 230. EDURITOR (OLS), 10-63 ST GOZ	
1	Burnel 6/20/66 1/11000 Ca	thelie combine, Wotmunder	1/1/M .
2	24 FUNERAL DIRECTOR ABDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR	S'SIGNATURE
	U-5- march b. lastin to	1 IIIM O O ADCC Melanda	Quelat.
1/	X - 1 mp (1 , Wel moules, 14	- Delle 1 20 1966 / Cusaries	1
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TO HOSPITAL OR ATTENDING PHYSICIAN; Th law mapims that the danth certificate b executed within 24 hours miter demith

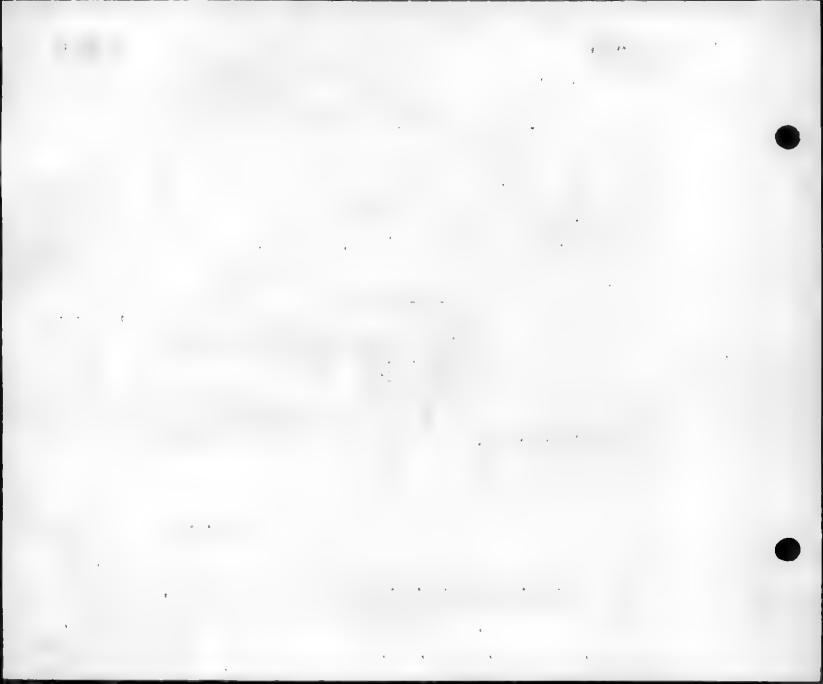
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MARYLAND STATE DEPARTMENT OF HEALTH

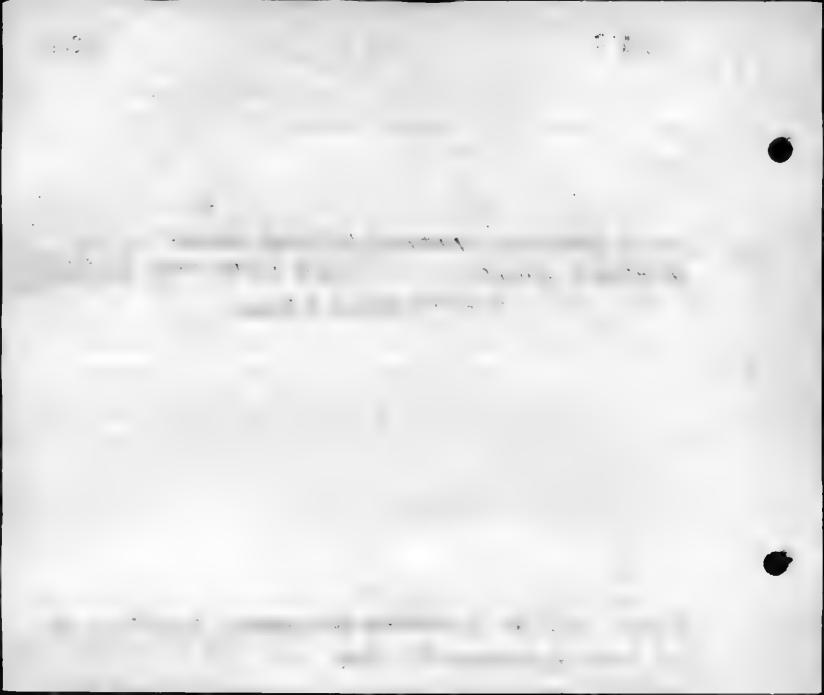
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	08300	•		CERTIFICATE	OF DEATH		(182	289
1,	PLACE OF DEATH o. COUNTY	Carroll		MARYLAND	2. USUAL RESIDENCE (V	Where deceosed lived, if institu La nd b. COU		ifore odmission)
	b. CITY OR TOWN (f outside corporate limit give nearest town)	s,	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If ou	tside corporate limits, write RU	IRAL ond give neo	rest town)
R	ıralSvl	cesville		14 days	Baltimor	е		30.4
4		AL OR INSTITUTION (If n			d. STREET ADDRESS	-T		e IS RESIDENCE ON A FARM?
1		eld State			<u> </u>	ckert Avenue		YES NO
	NAME OF DECEASED (Type or print)	Ма	rst .ry		lussell	4. DATE Mon OF 6		7 1966
1	SEX	6. COLOR OR RACE	7 MARRIED	HEVER INFARRED	B DATE OF BIRTH	9. AGE (In yeors lost birthdoy)	Months Doy	
-	remale	white	WIDOWED	DIVORCED 🔀	3/26/20			
dui	ing most of working	l (Give kind of work done life, even if retired) C Ierk	10b. KI	ND OF BUSINESS OR LOUSTRY redit (o.	, ,	& State, or foreign country)	12 CIT-ZEN COUNTR	USA
13.	FATHER'S NAME				14. MOTHER'S MAIDEN I	NAME		
L	John Si					turgeon		
[A	WAS DECEASED EVE es, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes		9-03-5920	nformant ingfield H	Addr Ospital reco		kesville
		ATH (Enter only one co IH WAS CAUSED BY, IMMEDIATE CAUSE	(c) Sept	ic infarction	of the righ	t hemisphere		INTERVAL BETWEEN ONSET AND DEATH Days or
				m unknown			reeks	
	Conditions, if ony rise to immediat	a course (a)		e memingitis			- 1	lays
	stoting the unde		(c)					
ATION	PART I OTHER SI Chronic psych	GNIFICANT CONDITIONS OF CONTROL O	ontributing to drome	o DEATH BUT NOT RELATED TO TWITH CIrculat	the terminal disease con ory disord	ODITION GIVEN IN PART 1(0) er (CVA) wit		19 WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	20o. ACCIDENT WA OR CONTRIBUTING			SCRIBE HOW INJURY OCCURRED.				
MEDICAL	20c. TIME OF INJI Hour or	10	20d. IN While of work	Not While foct	CE OF INJURY (Home, form ory, street, office bldg., etc.)		(County)	(Stote)
		fy that ₹) (this ha: eceased alive an_	spital) otten	ded the deceased from	5/23/, 1 t death accurred of	966 10 6/7/ 8:25 M, from causes	, 19 <u>66,</u> ond an the c	that 20) (we) la date stated obov
	22o. SIGNATURE	Luis J	- Qr	Cas, M.D.	ATTENDING PHYS	MED STAFF DIRECTOR PHYS	22b. DATE S	IIGNED 8/66
	22c. PHYSICIAN'S NAME (Type	Luis J.	Arriba	s, M. D.		pringfield S Sykesville, I		
230	D. BURIAL, CREMATIC REMOVAL-(Specify		ERFOF	23c. NAME OF CEMETERY OR Parkwood (23d. LOCATION (City or To	0	Md. (State)
1/	onard			alto. Md. 212	2Số. REC'I		EGISTRAR S SIGNA	Judge

DATE JUN 9

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending director, page 3 shauld be detached for use as the burial transit permit should be filed with the State Dept. af Health priar to burial, cremation, all em VR A15 (4) 20 M 1/66



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Rasidence before admission) a. COUNTY COUNTY by the land 2 death. MARYLAND b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 outside corporate limits, write RURAL and give nearast Jown) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET a. IS RESIDENCE ON A FARM? YES NO 3. NAME OF Middle DATE Year DECEASED (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE 7, MARRIED THEYER MARRIED DATE OF AGE IIn years HE UNDER 1 YEAR IF UNDER 24 HRS. last birthday) | Months DIYORCED USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH Enter only one cause per line for (a), (b). INTÉRVAL BETWEEN ONSET AND DEATH DIMROSIS PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO OSC. LEROTIC Conditions, if any, which gava rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY PERFORMED? Prior NO 2Da ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Itam 18.) OR CONTRIBUTING TT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stala) factory, street, office bldg., alc.] While Not While Hour a.m. el work et work p.m. 21. I certify that (I) (this hospital) attended the deceased from. (a.K.), and that death occured at .A.M., from the causes and on the date stated above. saw the deceased alive on. 226. SIGNATURE DATE ATTENDING 4 SIGNED MED. DIRECTOR PHYS PHY5. TO FUNERA director, page be filed with th 22c. PHYSICIAN'S 22d, ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION. DATE THEREOF 23d, LOCATION REGISTRAR | 25b. **ADDRESS** VR A15 (4)



TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deather. TO HOSFITAL OF ATTENDING PHYSICIAN: The faw requires that the death certificale be executed within 24 hours after leath. Page 4 may be retained by the hospital or attending physician.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENC	E (Where deceased lived, If institute b, COUNTY ,	on: Residence before admission
Carroll		MARYLAND	Mar	vland /	ashinat
b. CITY OR TOWN (if o	utside corporate limits, ve nearest town)	c. LENGTH DF STAY IN 1b	c. Icily or lown (if	outside corporate limits, write RU	IRAL and give nearest town)
		10 days	Clear Sir	ing, Maryland	× / .
d. NAME OF HOSPITAL	OR INSTITUTION (if not in h	nospital, give street address)	d. STREET ADDRESS	2324 2302 7 2 002 0	e. IS RESIDENCE
			Dant - // 7		DN A FARM?
	ld State Hosp	Ital	Route # 1		YES 🔀 NO
3. NAME DF DECEASED	First	Middle	Last	4. DATE Month	Day Year
(Type or print)	Holen	Bessie	Seibert	DEATH June	27 19 66
5. SEX 6. CC	DLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. ACE (in years IF UN last birthday) Mont	DER 1 YEAR HE LINDER 24 HRS.
Female Wi	nite WIDDWED	DIVORCED	June 10, 19	00 66 yrs. Mont	hs Days Hours Min.
JQa. USUAL OCCUPATION (C	ve kind of work done 10b. K , even If retired)	CIND DF BUSINESS OR		7.01	2. CITIZEN DF WHAT
	, even If retired)	NDUSTRY			COUNTRY?
Housewife			Wilson, M	aryland	U.S.A.
13. PAINER'S NAME			14. MDTHER'S MAID	EN NAME	
David Frank	clin Hull		Margaretta	Catherine Coon	
15. WAS DECEASED EVER IN	U.S. ARMED FORCES? 16.	SDCIAL SECURITY NO. 17.	INFORMANT	Address	-
(Yes, no, or unkown) (If yes	-	l. 71. 0075 0			
No	121	4-34-0935 ISD	ringileld H	ospital Records	
	[Enter only one cause per l				INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH W	AS CAUSED BY: Pulm	monary congest	tion		011021 11110 001111
X					
Conditions, If any, w	bleb) DUE TO Card	diac Failure			
gave rise to immed	ilate (b)				
cause (a), stating	the DUE TO				
underlying cause last.		associated wi			
PART II. DTHER SICNIFI	CANT CONDITIONS CONTRIBI	JTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
E CBS associ	ated with cer	ebral arterio	sclerosis v	with psychosis	YES ND
PART II. DTHER SICNIFI CBS associ LL 20a. accident was u DR CONTRIBUTING UIF EITHER, NOTIFY M				Injury in Part I or Part II of Item	1 18.)
2Dc. TIME OF INJURY Hour a.m. p.m.		fnote	CE OF INJURY (Home, far ory, street, office bldg., et	m, 20f. (City or town)	(County) (State)
Hour a.m.	19 at worl	Not While	ay, an ect, unice bidg., et	0.)	
			7.0	(() 7) 25 -	0 ((1) 1 (() 1 () 1 ()
				66, to June 27, 1	
	l alive on June 27	1955, and that	t death occurred a	15Mafrom the causes and	on the date stated above.
22a. SICNATURE	- 0	00	ATTENDING - N		. DATE SIGNED
Lux) J. U	TTV (OQ,0) M.D	D. PHYS.	STAFF PHYS.	
22c. PHYSICIAN'S			22d. ADDRESSS 10	ringfield State	Hospital
NAME (Type)	Luis J. Arrib	as, M.D.		kesville Maryl	
23a. BURIAL, CREMATION, REMDVAL (Specify)	23b. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City, town o	
Burial	June 30, 1966	6 St. Paul Ce	emeterv	St. Paul Was	hington Co. MI
DA CHARRAL DIRECTOR	· 4 / 1 / 1 / 2	ADDRESS	25a. REC	D St. Paul Was	RAR'S SICNATURE
Thomason Fun	eral Home, Cl	ear Spring N	Id. DATE JU	L 1 1986 20h	wells Judge
THOMPSON Fun	erar nome, or	"car phirms, "	DATE	- 1 1000	

VR AI5 (4) 2DM 1/65



lenth. funeral and Pages 1 after papers. Pag haurs .= filled event, within 11:1 letely carbon comple emication de remove and any and in physician ease certificate <u>a</u> attending ph rmit. Then remova permit, 5 death cremation, been signed by the the burial-transit p or to burial, cremati That the pflyllician. prior 1 has 33 use certificate 0 P YSIGAT detached f te Dept. of be de State fter ritained == P DIRECTOR: Jage 3 should lifed with the may Ed 罩 T OS TA FUNERAL director, p age

2

VR A15 (4) 20 M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b NAME OF HOSPITAL OR INSTITUTION (if not/vi hospital, give street address) d. STREET ADORESS ome NAME OF DATE Month DECEASEO (Type or print) DEATH 6. COLOR OR PAGE DATE OF BIRTH 7. MARRIEO 8. NEVER MARRIED orthday) Months Davs TXX WIDOWED DIVORCEO 🗔 10b. KINO OF BUSINESS OR (County & State, or (Freign country) 12. COUNTRY? Houseunte MOTHER'S MAIDEN NAME 14. iam Whittie INFORMAN 16. SOCIAL SECURITY NO. 17. mo CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) rise to immediate DUE TO cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF GEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a,m, While Not While p.m. 19 at work at work 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on. and that death occurred at 22a. SIGNATURE 22b.

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? NO TOK Year 19 (In years | IFUNDER 1 YEAR | IF UNOER 24 HRS Hours Min. 10a. USUAL OCCUPATION (Give kind of work done) CITIZEN OF WHAT during most of working life, even (f retired) 13. FATHER'S NAME 15. WAS OFC EASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) | (If yes give war or dates of service) 718 Mc abe Ave. INTERVAL BETWEEN ONSET AND DEATH CERTIFICATION WAS AUTOPSY PERFORMEO? NO [MEDICAL (State) that (i) (we) last from the causes and on the date stated above. OATE SIGNEO STAFF ATTENDING MED. DIRECTOR M.D. PHYS. PHYS. 22c. PHYSICIAN'S NAME (Type) 22d. ADDRES BURIAL, CREMATION, 23b. OATE THEREOF 23c. OF CEMETERY OR CREMAJORY LOCATION (City, town or county) (State) REMOVAL (Specify) athedra em. /Vew umore. burra FUNERAL DIRECTOR REC'D BY REGISTRAR 1966

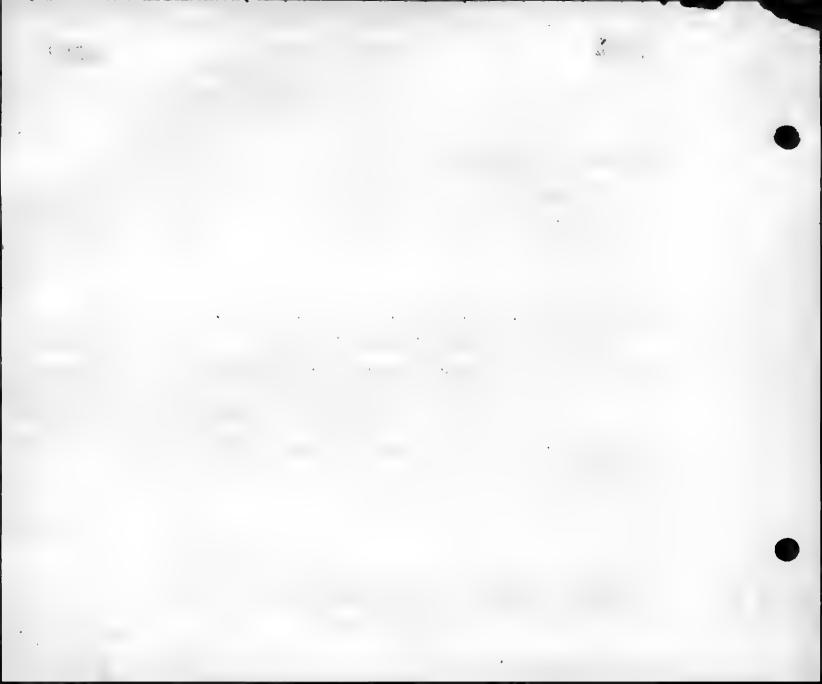


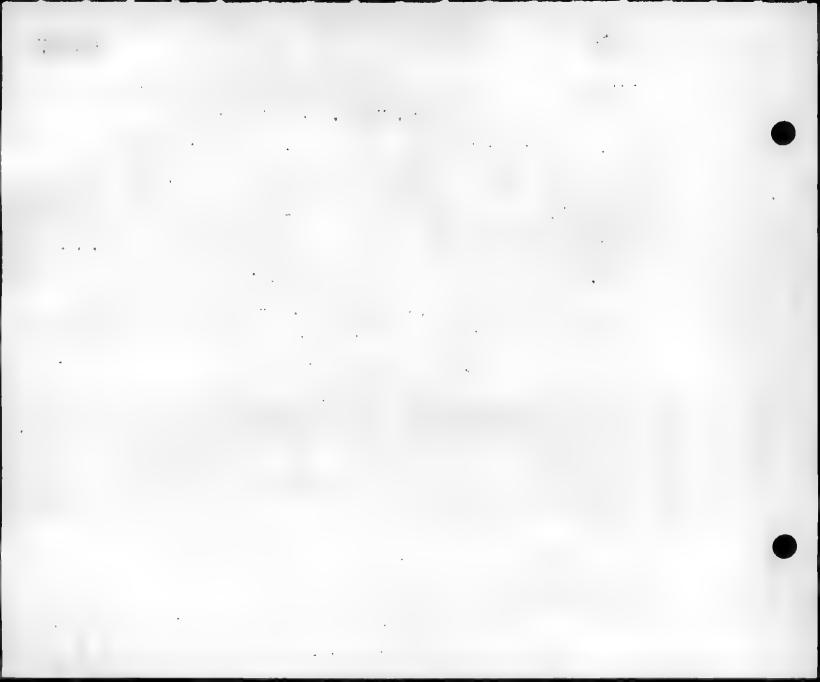
MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		08304	CERTIFICATE	OF DEATH	,	08292
	(PLACE OF DEATH O. COUNTY O NO O	MARYLAND	o. STATE	Where deceased lived, if institution b. COUNTY	Carroll
	12	o CITY OR TOWN (If outside corporate limits, were RUBAL and give nearest fown) 1. NAME DF HOSPITAL OR INSTITUTION (If not in hospital)	21 days	C. CITY OR TOWN (IF 60) RUTO d. STREET ADDRESS	tiside corporate limits, write RURA	/
^	5	ringfield State Has	pital	U. SIREET ADDRESS		ON A FARM?
	(NAME OF DECEASED Type or print) Sheridan Phili	Middle She	ffer.	4. DATE Month OF DEATH G	24 19 66
	S. S	SEX 6 COLOR DR RACE 7 MARRI Alale WIDOW		DATE OF BIRTH		If UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min
	đυπ	LSLAL OCCUPATION (Give kind of work done no most of working life, even if retired)	. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County	& State, or foreign country)	12 CITIZEN OF WHAT COUNTRY?
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN'S	Dykeino	7-7
	15 (Ye	on accombanage) (If you are a war or dates of consist)	16. SOCIAL SECURITY NO 17 IN	FORMANT	Address	Syfresille
		18. CAUSE OF DEATH (Enter only one couse per line				INTERVAL BETWEEN ONSET AND DEATH 2 CAYS
		Canditions, if any, which gove (b) Ar	teriosclerotic c	ardiovascul	ar disease	
		stoting the underlying couse lost.	neralized arteri			
σ*,	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION C.B. S. Cree bro Arter	NG TO DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE CON	NOTION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES MO
,	CERTIFICATION	206. ACCIDENT WAS UNDERLYING ☐ 205 OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in	Port I or Port II of item 18)	
	MEDICAL	27- (111-2-11-11-11-11-11-11-11-11-11-11-11-1		E OF INJURY (Home, form ry, street, office bldg , etc.)		(County) (State)
		21. I certify that (this haspital) at saw the deceased alive on 6	tended the deceased fram	death accurred at	9 <i>46</i> , ta <u>6 - 2 4</u> 6(35/2M, fram couses at	, 19, that M (we) last nd an the date stated above.
		220. SIGNATURE	M.D	ATTENDING PHYS 22d. ADDRESS	MED. DIRECTOR D STAFF PHYS.	22b. Date signed 6/24/66
1		22c. PHYSICIAN'S NAME (Type) A. Atrongo	-110.	Speingfield	State Hospital, Sy	Mesville Med.
		BURIAL (REMATION, 23b DATE THEREOF BURIAL) 6/27/66	23c. NAME OF CEMETERY OR C	metery	23d LOCATION (City or Town	
B	24	Tipton-Eline Fun. Hom	ADDRESS 16 Hampstand	Md DATE	DN 28 1986 7	SPAR'S SIGNATURE MAG

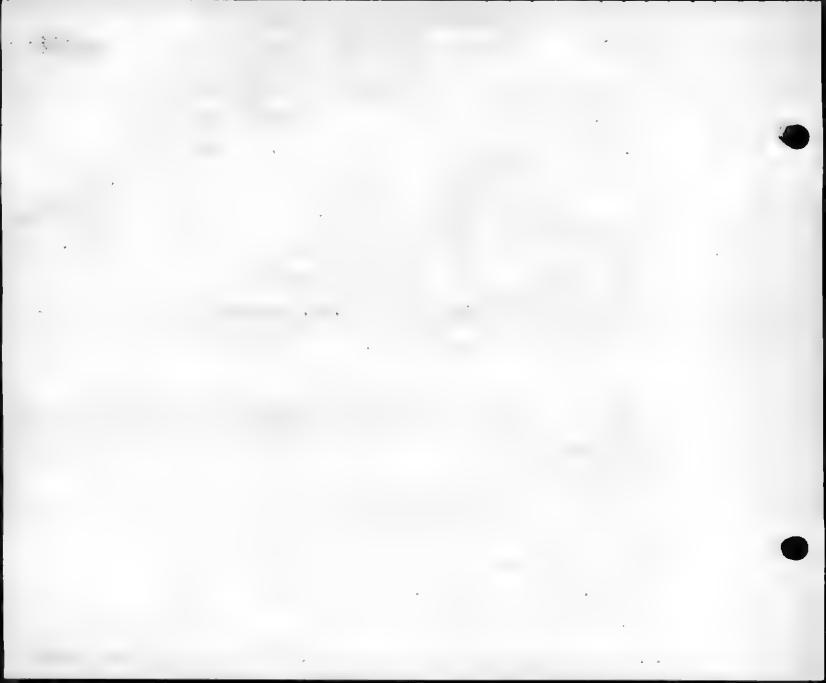
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then affords, remove carban papers. Pages 1 and 2, should be filed with the State Dept. at Health priar to burial, crematian, ar removely any in any event, within 72 hours after death VR A15 (4) 20 M 1/66





1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	(8306 MEDICAL EXAMINER'S CERTIFICATE OF DEATH (18294
HEALTH DEPT	1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
(177	Carroll Maryland 6. STATE Maryland Carroll
sary, be leral	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
may may	Rural Taneytown Rural Taneytown .
s necessary, o the funeral e 5 may be Department after death	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
age age its	R.F.D. # 1M YES NO X
any dela , 2, and 3 PM3. P	3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED OF
PM PM	Type or print) Fred Shoemaker DEATH June 1, 1966 5. SEX 6. COLOR OR RACE 7 MARPHED NEVER MARPHED WE 8. DATE OF BIRTH 19. AGE (In years IFUNDER 1 YEAR IFUNDER
th. If a ges 1, 2 form P form P within	last birthdey) Months Days Hours Min.
death rith for	1Do. USUAL OCCUPATION (Give kind of work done) 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
	Retired laborer Rubber footwear Maryland U.S.A.
# % B & S &	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
d in a	John Shoemaker Mary Stuller
24 ho n Iten Office File	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, wo, or unknown) (If yes give war or dates of service)
within 2 pencil in miner's 0 permit. I	No 215-20-9118 Mrs. Ed. Ricketts, R # 1M, Taneytown, Md.
At EXAMINER: This certificate should be executed within 24 hours after death. If it certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, should be forwarded to the Chief Medical Examiner's Office alone with form riles. Tiles. Tols. Page 3 should be used as a burial-transit permit. File pages I and 2 with designated agent, prior to burial, cremation, or removal, and in any event within	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: CONSET AND DEATH ONSET AND DEATH
uted "In Exa nsit or	IMMEDIATE CAUSE (8)
uld be execui "pending" if Medical burial-trans cremation,	Conditions, if any, which is the conditions of t
be of Media	gave rise to immediate
ould ief i a b	cause (e), stating the underlying cause last.
ate shoul he word he Chier sed as a burial,	(V) LIA WIAC ALL CONTROL OF THE CONT
the the tree to b	₹ YES NO D
certification ded to prior	2Da. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.
writ writ arde arde t, pi	
R: This contact, write forward should agent, p	2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 4 4 4 4 4 4 4 4 4
be ed	
CAL EXAMINE the certificate of should be ur files. ECTOR: Page	21. Taying that I took only go of the Tellianto Second to the Tellianto Second
the coston files.	death resulted from: Natural causes , Acoident , Suicide , Homicide , Undetermined manner
MEDICAL Recute the Page 4 sh or your filt or its design or its design or its design or its design of the page 4 sh or its design	ACTUAL SIGNATURE (MCCOLL) ASSISTANT MEDICAL EXAMINER () DATE SIGNED
Y MEDII execute Page I for you IAL DIRE	DEPUTY MEDICAL EXAMINER
To DEPUTY MEDICAL please execute the director. Page 4 st retained for your fi to FUNERAL DIRECTO of Health or its des	NAME (Type) W. Glenn Speicher, M.D. Address Steet Manuer of four of four for the first
D DEPUT please e director. retained of FUNER of Healtl	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)
Bas Bo	Burial June 4, 1966 Reformed Cemetery Taneytown, Maryland 24. FUNERAL DIRECTOR () () () () () () ADDRESS 252. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15ME	Thurst Skills.
35DD 4-64	C.O. Fuss & Son (John H. Skiles) Taneytown, Md. DAJUN 3 1966 (Charles Judge



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08307 CERTIFICATE OF DEATH by the funeral Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission o. COUNTY b. COUNTY Carrol MARYLAND Maryland c. LENGTH OF STAY IN 36 b CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) van papers. Pag within 72 hours 2 years Lmos Baltimore City d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Springfield State Hospital 3913 Fairview Avenue YES NO X 3 NAME OF carban Pirst Middle Last 4 DATE Month Day DECEASED OMAS JUNA 1966 (Type or print) DEATH S SEX 6 COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS. 7 MARRIED NEVER MARRIED DATE OF BIRTH 9 AGE (In years X кетоме Male last birthdoy) Months Doys Hours dny Negro 77-78-95 WIDOWED DIVORCED physiciam on the place ref 10a USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT duzing most of working life, even if retired) INDUSTRY COUNTRY? and Maryland J.S.A. attending physic permit. Then ple lan, ar remaval, a 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Smith Julia Butler WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Sykesville Md. permit. (Yes_no, or unknown) (If yes give war or dates of service) Springfield State Hospital Records signed by the atter burial-transit perm burial, crematian, o 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (o). Wears DUE TO Conditions, if any, which gave (b) rise to immediate cause (a) DUE TO stating the underlying couse as the priar ta last. WAS AUTOPSY PERFORMED? PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Health r Chronic Brain Syndrome Associated with Cerebral Arteriosclerosis NO. 百 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20g ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Day Year 20d INJURY OCCURRED 20f. (City or town) (County) (Stote) Hour a.m factory, street, affice bldg, etc.) Not While at work at work þe 21. I certify that (I) (this hospital) attended the deceased fram_ _, 19.65, that (I) (we) last 2-24-61 1964 to 6-19-66 shauld and that death occurred at \$65 a. M. fram causes and on the date stated above.

saw the deceased alive an 22a. SIGNATURE

Dr. Samuel Wise III

ATTENDING M D PHYS 22d ADDRESS PHYS.

23d LOCATION (City or Town)

22b. DATE SIGNED \dot{x} 6-19-66

Springfield State Hosp. Sykesville Md.

230	BUKIAL, EKEMATION,	,
103	REMOVAL (Specify)	
14	Land Landing (1)	
الإستاح	muc.	
-7.		

22c PHYSICIAN S

NAME (Type)

WE 111

23c NAME OF CEMETERY OR CREMATORY

REC'D BY REGISTRAR

DIRECTOR

25b REGISTRAR'S SIGNATURE

(State)

VR A15 (4) 20 M 1/66

executed within 24 haurs ofter death

requires that the Inth certificate be

physician

attending p

by the haspital ar

be retained

Page 4 may

has been

TO FUNERAL DIRECTOR: After this certificate

with 1

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director, page 3 shauld be filed v

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completely filled



FOR STATE

O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay cossary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. State Department hours after death. 3 should be used as a burial-transit permit. File pages 1 and 2 with the agent, prior to burial, cremation, or removal, and in any event with 72? O FUNERAL DIRECTOR: Page of Health or its designated TO DEPUTY MEDIC.

VR

AI 5ME (5) 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1) 5.296

1. PLACE OF DEATH 8. COUNTY			1 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)						
Carrol.	7		a. STATE Maryland b. COUNTY Carroll						
b. CITY OR TOWN (if out write RURAL and give		MARYLAND s, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
		21 18 have			, 1011 = 2114 B.14 11011041 101111				
Rural Tane	y town	24-48 hours	Taney	town,	1 - to Destaction				
G. HAME OF HOSPING D	K INSTITUTION (II NU	ot in nospital, give street aggress)	d. STREET ADDRESS		6. IS RESIDENCE ON A FARM?				
			41 Yo	rk Street	YES NO A				
3. NAME OF DECEASED	First	Middle	Last 4.	DATE Month	Day Year				
(Type or print)	Walter		Smith	DEATH fun	1/2 1966				
5. SEX 6. COL	OR OR RACE 7. MAR	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years II	FUNDER 1 YEAR IF UNDER 24 HRS.				
Male Whi	te win	OWED DIVORCED S	Sept. 15, 1896	69 yrs.	Months Days Hours Min.				
10a. USUAL OCCUPATION (GIVE during most of working life,	kind of work done	Db. KIND OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT				
Farmer		Own Farm	Maryland		U.S.A.				
13. FATHER'S NAME		- 1122 E COL 112	14. MOTHER'S MAIDEN	NAME					
Scot	t McClella	n Smith		Carrie Belle	Clutz				
15. WAS DECEASED EVER IN U	J.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	13 Vamle Channet				
(Yes, no, or unkown) (If yes all	re war or dates of service)	212-32-1470 Mrs	. Walter S. S.	una -T elle Tax	41 York Street				
	Pater and an analysis		7. 1102.001 0.0	Taneyt	own, Maryland				
PART I. DEATH WAS		per line for (a), (b), and (c).]		ha -	INTERVAL BETWEEN ONSET AND DEATH				
IMMED	DIATE CAUSE (a)	arosary	1 Jum 1	1-20-2	(2 stated				
4201	DUE TO	3.1.	1 -1- ((17)	1. 6				
Conditions, if any, whi		RETERN 128C	turtu (- V. URINST	anny				
cause (a), stating i									
underlying cause last.	(c)								
PARTIL OTHER SIGNIFICA	ANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT REL	TED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN P	ART 1(a) 19. WAS AUTOPSY PERFORMED?				
TY					YES NO TH				
2Da. EXTERNAL CAUSE	WAS 2	Db. DESCRIBE HOW INJURY OCCU	IRREO. (Enter nature of inju	ry in Part I or Part II of	Item 18.)				
PARTIL OTHER SIGNIFICATION 2Da. EXTERNAL CAUSE PRIMARY or CONTRIBE CAUSE OF DEATH. YOU HOUR a.m. y.m.	IUTING [,						
ZDc. TIME OF INJURY	Month, Day, Year 2	2Dd. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm,	20f. (City or town)	(County) (State)				
Hour a.m.		Willie - Not willie -	ry, street, office bldg., etc.)						
		t work at work e remains described above, he	d an Autonou 🗆 - In	spection , Inquir	y , and in my opinion				
		_2							
death resulted from	: Natural cause:	s 4, Accident , Su	cide . Homicide	, Undetermined n	nanner				
ACTUAL 272		: Kerter Evell	. CHIEF MEDICAL EX	<u> </u>	22. OATE SIGNED				
SIGNATURE SIGNATURE C. SULLEGIA DEPUTY MEDICAL EXAMINER 22. DATE									
7.35.47	rice C. Po	1 ,	/ 521 511 1112515112 2	ty, town, or county)	AMESTEAJ, NA				
238. BURIAL, CREMATION,	23b. DATE THEREO	F 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, tow	rn or county) (State)				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	6/16/66	Reformed Ceme	etery	Taneytown	Maryland				
24. FUNERAL DIRECTOR /	21 18:00	ADDRESS		BY REGISTRAR 25b. REG					
John W. Skiles	C-O- F	Tuss & Son. Tanev	town Md HIM 1	5 1966 Pelio	mes Judge				



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH attending physician and completely filled in by the funeral rmit. Their please remove carbon papers. Pages-1-end 2 n, or remodal, and in any event, within 72 hours after death. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE DE DEATH 1. a. STATE Mar yland b. COUNTY Carroll County Carroll hours after MARYLAND b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)
Millers c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b Millers e. IS RESIDENCE d. NAME OF HDSPITAL DR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS DN A FARM? Box 196 Box 196 Rou te Rou te 21107 NO L YES executed within DATE Month Middle Last 4. NAME DE First DECEASED Wells Steiner Anton DEATH 1966 (Type or print) June AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX 6. CDLDR DR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months Davs Hours 10.27.1890 Male Whi te WIDDWED DIVORCED 12. CITIZEN DF WHAT 10b, KIND OF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 1Da. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY COUNTRY? death certificate be lumbing and Heating Annapolis. Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Anton Steiner Ann . Herald 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. Address 17. INFORMANT certificate has been signed by the atten hed for use as the burial-transit permit. t. of Health prior to burial, cremation, or (Yes, no, or unkown) (If yes pire war or dates of service) Mrs. Gertrude B. Steiner same address INTERVAL BETWEEN CAUSE DF DEATH [Enter only one cause, per line for (a), (b), and (c).] OR ATTENDING PHYSICIAN: The law requires that the be retained by the hospital or attending physician. DNSET, AND DEATH PART I. DEATH WAS CAUSED BY: Phil IMMEDIATE CAUSE (a DUE TO Conditions, if any, which (b) gave rise to Immediate **DUE TD** cause (a), stating the underlying cause last (c) PART (I. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? YES [ND D 2Da. ACCIDENT WAS UNDERLYING ☐ DR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) DIRECTOR: After this certified 3 should be detached fled with the State Dept. of (State) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year Not While factory, street, office bldg., etc.) Hour a.m. While at work L 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 35 M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE O FUNERAL DIRE director, page 3 should be filed w STAFF ATTENDING DIRECTOR PHYS. M.D. PHYS. Page 4 may 22d. ADDRESS PRYSICIAN'S NAME (Type) 22c. (State) LOCATION (City, town or county) BURIAL, CREMATION.I NAME OF CEMETERY DR CREMATORY 23d. 2 REMOVAL (Specify) Elkridge. Md. 966 Burial Ceme try 25b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR **FUNERAL DIRECTOR** VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

_	08310	Ttems 2	CERTIFIC	ATE OF	DEATH	mh	08298	
1.	PLACE OF DEATH a. COUNTY		-/ ** C / U D L B				itution: Residence before admissio	on)
	carr	wee	and vyL	11	Mary	vland b. COUNT	Prince George	2
	b. CITY OR TOWN (if outs write RURAL and give	ide corporate limits,	C. LENGTH OF STAY IN	1b c. CITY			e RURAL and give nearest town	n)
	(D) A 111	NIKO		L	aurel		4	
	d. NAME OF HOSPITAL OR	INSTITUTION OF Not IN	hospital give street addr		ET ADDRESS		e. IS RESIDENC	CE
	- SAA	TR INVE	u Marcias	20	17 Sandy S	Spring Road	YES NO C	X
3.	NAME OF DECEASED	First	Middle	L	ast 4. D	ATE () Month	Day Year	=
	(Type or print)	ANNIE	(E. 4)	TA		BEATH HOUSE	0 4 1966	
5.	SEX 6. CULU	" Y" " 7. MARRIEI	D NEVER MARRIED		OF BIRTH	9. AGE (in years ii	FUNDER YEAR IFUNDER 24 HR	RS.
	eural W	widowei	DIVO X CED [] Aug	13, 1884	yrs.	Months Days Hours Min	1.
du du	a. USUAL OCCUPATION (Give ring most of working life, er	kind of work done 10b.	KIND OF BUSINESS OR INDUSTRY	11. BIS	THPLACE (County &	State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?	_
	Housewife		Own Home	P.C	G. Co. M	aryand	II S A	
13	B. FATHER'S NAME			14. MO	THER'S MAIDEN NAM	ME 2		
	George Doyle	>			herine Re			_
ď	5. WAS DECEASED EVER IN U. es, no, or unkown) (If yes give	war or dates of service)	SOCIAL SECURITY NO.	17. INFORMA	AL.	Address		
_	no		8 20 0358	Milton	Taylor S	ame as #2_	(son)	
	18. CAUSE OF DEATH (FO		line for (a), (b), and (c),]		-	^	INTERVAL BETWEEN	N
	IMMEDI	ATE CAUSE (a)	- CAGO	CERL	rocce	Melon	20/11/11	_
	4201.	DUE TO	roll	. /	1//		ST. O	
	Conditions, If any, whice gave rise to immediate		Gu	mille	ryoca	raction	7	
	cause (a), stating th			-	4.1.	11	13	
Z	PART II. OTHER SIGNIFICAL	(c)	HITINGTO DESTRIBUTION	DELAYED TO THE	y jeu	ensu	ART 1(a) 119. WAS AUTOPSY	
ATI	TART II. OTHER SIGHTFIGA	TI COMPITIONS CONTRIB	OTING TO DEATH BUT NOT	KELATED TO TH	PIERMINAL DISEASE	COMPITION GIVEN IN PA	PERFORMED?	
18	2Da. ACCIDENT WAS UND	ERLYING 20b.	DESCRIBE HOW INJURY	OCCUPACE (Co	tor nature of Inlum	In Bort Los Bost II of	YES NO	ŗ
CERTIFICATION	OR CONTRIBUTING CAL	SE OF DEATH CAL EXAMINER)	PESCRIPE NOW INJURY	DGGORRED. (CR	ter nature or anjury	fill Laft 1 of Laft 11 of	Item 16.)	
	2Dc. TIME OF INJURY M					Df. (City or town)	(County) (State)	
MEDICAL	Hour a.m. p.m.	19 at wo	a - not winte - 1	factory, street,	office bldg., etc.)			
2			ded the deceased from	8/10	1 19 65	In Ture W	, 1966, that (I) (we) las	
	saw the deceased al	1 10 2 - 0					nd on the date stated above	
	22a. SIGNATURE)	11/2-	()	11101 400111 01	None de		22b. DATE SIGNED	-/
	11/11/11	Tasen		M.D. PHYS.	DING MED.	OR PHYS.	July 4-61	6
	22c. Privilizionis C NAME (Type)	101115	+111	221	MOORESS	17-01/2.4	1	_
	1/1	N/1/47	/ / /V	100	Mon	3 / Year	muse n	4
23	a. BURIAL, CREMATION, 2 REMOVAL (Specify)	3b. DATE THEREOF	1 23c. NAME OF CEME	TERY OR CREM	ATORY 23d	Beltsvill	n or county) (State)	
	Burial	6/7/66	Ft./Lincol	ri			P.G. Md	<u>l.</u>
24	_				25a. REC'D BY	444	n 81	
	Francis Gascl	n's Sons Hy	attsville, M	d	JUN 8	1966 / Relia	nes Judge	

VR AI5 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

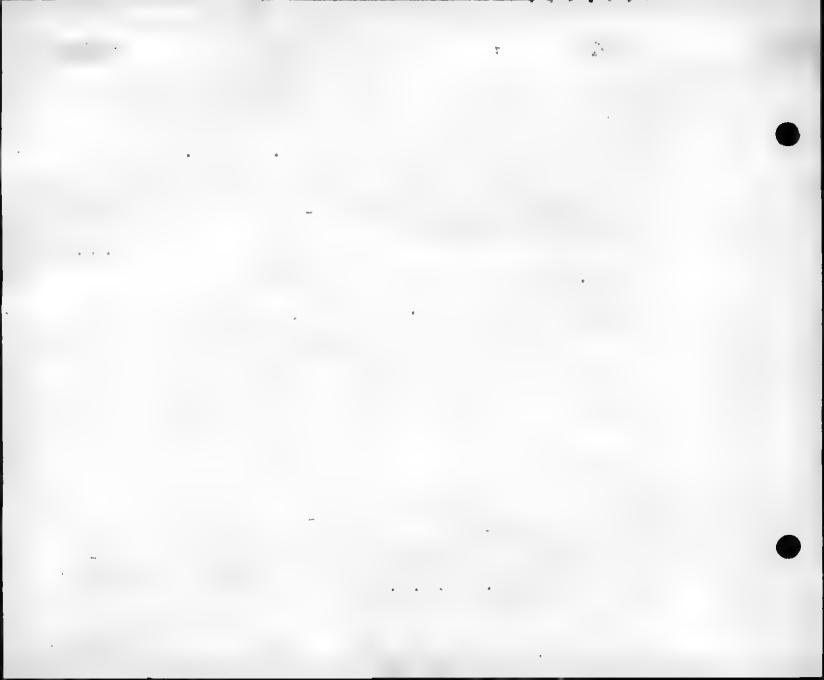
0831	. À		CERTIFICAT	E OF DEATH		082	99		
a. COUNTY Carro	1		MARYLAND	o. STATE Maryla	Where deceased lived, if institut b. COVI and Bal	timore (City		
Sykes	r (If autside carparate rimits, and anye nearest tawn)		LENGTH OF STAY IN 16	Balti	urside corporate minus, wine ka	RAL and give neare	/		
	PITAL OR INSTITUTION (If not in			d. STREET ADDRESS	iosher_St.		e IS RESIDENCE ON A FARM? YES NO		
3 NAME OF DECEASED (Type or print)	First	TR	Middle THEODORE	Last THOMAS	4 DATE Mont		79 Year		
S SEX Male		MARRIED [NEVER MARRIED DIVORCED	B. DATE OF BIRTH 6-19-31	9 AGE (In years last birthday)	IF UNDER I YEAR Months Days	IF UNDER 24 HRS.		
during most of work	ION (G ve kind af wark dane ng ife, even if ret.red)		D OF BUSINESS OR USTRY	Maryland 14. MOTHER'S MAIDEN		12. CITIZEN C COUNTRY U.S	7		
	M. Thomas			Rose Finett	a				
(Yes, na, ar unknow	EVER IN U.S. ARMED FORCES? n) (If yes give war or dates at s	ervice) 16. Si	II-al-	INFORMANT Records, Spr	Addro ingfield State		1		
PART I. C 4 9 Canditians, if a rise to immed	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause DUE TO DUE TO								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)									
CRIFICATION (ILE ELLHER, NOT									
20c TIME OF Haur	NJURY Month, Day, Year o.m. p.m. 19	20d. IN. While at wark	Not While fo	ACE OF INJURY (Home, farr tary, street, affice bldg., etc.		(County)	(State)		
saw the	rtify that (1) (this haspi deceased alive an 5=		ed the deceased fram_ 19, and th	5-22-66 , at death accurred a	19 ta 6-3-66 10:00 MAHom causes	and on the do			
22c. PHYSICIA NAME (T	(Classia	A. Rui		ATTENDING PHYS 22d. ADDRESS S	med STAFF DIRECTOR PHYS Pringfield Staykesville, Mar	te Hospi	1-66		
23a. BURIAL, CREM.	ATION, 23b DATE THERE		23c NAME OF CEMETERY OF Mt Auburn	CREMATORY	23d. LOCATION (City or To Baltimore		ty) (Stote)		
24. FUNERAL DIRE		Bade	ADDRESS		D BY REGISTRAR 2Sb. R	GISTRAR'S SIGNAT	udge_		

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-tronsit permit. Then please reference arbon papers. Pages V and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in dry event, within 72 hours after determine.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

Page 4 moy be retained by the hospital or attending physician.

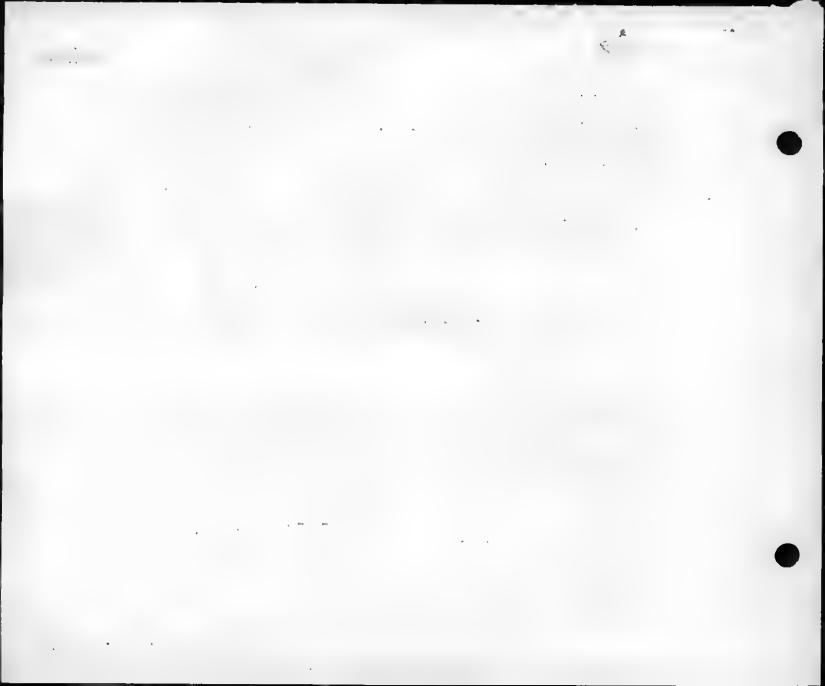
VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

			(831%		CERTIFI	CATE	OF DEATH			08300
law requires that the death certificate be executed within 24 hours after death nding physician. been signed by the attending physician and campletely filled in by the funeral is the burial-transit permit. Then please remove carea papers.			LACE OF DEATH				2. USUAL RESIDENCE (W	here deceosed lived, if	COURTY.	/
F 7	5		Carroll		MARYL		o STATE Maryland		Ceci	
office he he ges	5		CITY OR TOWN (If outside o	orporate limits,	c. LENGTH OF STAY IN	1 1b	CITY OR TOWN (If out		rite RURAL and give	nearest fown)
Pa t	nacirs or		CITY OR TOWN (If outside of write RURAL and give near Rural Syk	esville	l yrsomes.	17da/	Vorth East	t		2 %
hod = 5.4		5	NAME OF HOSPITATOR INST	HUNION (If mot in hospital)	give street address)		d, STREET ADDRESS			e IS RESIDENCE ON A FARM?
24 ed ape	: = ∧		Sykesville	aryland						YES NO IX
	*	3	NAME OF	First	Middle		Last	4 DATE	Month	Day Year
Te le	-		DECEASED Type or print)	Georgiann	a Barrett	T	odd	OF DEATH	6	10 160
ted Selection		S		OR RACE 7 MARRIED	NEVER MARRIED		DATE OF BIRTH	9 AGE (In y		
if the death certificate be executed within 24 hours after death the attending physician and campletely filled in by the funeral sit permit. Then please remove care appears. Pages L-and-			F. Whi	te WIDOWED	DIVORCED		3/23/76	last birth	yrs	Doys Hours Min.
and and	B E	100	HSHAL OCCUPATION (Give kind	at work done 10b	CIND OF BUSINESS OR NDUSTRY		11. BIRTHPLACE (County I	& State, ar foreign countr	y) 12 CITI	ZEN OF WHAT
te E	2	aur	ng most of working life, even if HOUSOWILE	refired) I	WD021K1		Maryland		U.S	INTRY?
ysic yele	ָה ה	13.	FATHER'S NAME				14 MOTHER'S MAIDEN N	AME		
ph Ph Ten	Ď		Ellis Barre	tet			Lizzie M	eekins		
# # .	re T	15	WAS DECEASED EVER IN ITS AR	MED FORCES? 16	SOCIAL SECURITY NO.		FORMANT		Address	
Jen ten tit	o	(16	s, na, ar unknawn) (If yes give	Mot of dotes of service	Anna Lamin	Spri	ingfield St	ate Hospit	al Record	ls
he at	틸		18 CALISE OF DEATH (Enter	r only one couse per line to	r (o), (b), and (c).)					INTERVAL BETWEEN
quires that the physician. signed by the burial-transit	E		PART I. DEATH WAS CA	USED BY. IEDIATE CAUSE (o)	ronchopn	eumi	61 N			ONSET AND DEATH
equires the physician. signed by burial-tran	Cle		491X	DUE TO						
ires ysic ned	<u> </u>		Canditions, if ony, which go	ve } (b)						
Par igina.	2		rise to immediate couse (distance the state of the state	DUE TO						
w rading seen the	10		lost.	30 (c)						
The law ratending has been se as the	prg E		PART II. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT REL	ATED TO TH	E TERMINAL DISEASE CON	DITION GIVEN IN PART	1(0)	19 WAS AUTOPSY PERFORMED?
e ho	af Health priar to Surial, crematian, or remayal, and in any	CERTIFICATION	Chronic R	Brain Syndre	me Associ	Sted	WITH Sec	ule Brain	Disease	YES NO
AN:	Hec	IE	20a ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE O		ESCRIBE HOW INJURY OF		nter noture of injury in l	Part I ar Part II of item	18.)	
ospital or certificate hed far u	-	Æ	OR CONTRIBUTING L.I CAUSE ((IF EITHER, NOTIFY MEDICAL E)	OF DEATH (AMINER)						
PHYSICIAN e haspital o	State Dept.	MEDICAL	20c. TIME OF INJURY Month	, Doy, Yeor 20d	INJURY OCCURRED	20e. PLACE	OF INJURY (Home, form	, 20f (City ar t	own) (Cau	inty) (State)
T = = =	te D	MEC	Hour o.m. p.m.		e Not While I	tactor	y, street, office bldg., etc.)			
After J be c	옰			(I) (this haspital) atte	aded the decorred	fram	1-2)-61 , 1	9 ta 6-	10-66, 19	, that (I) (we) las
ined ined ould	± 1		saw the deceased	alive/on6_7/0	-6519,	and that	death accurred at	12:40 MA from c	auses and an th	ne date stated abave
ATI effoil	ŧ	1	22a. SIGNATURE	11-1-11			ATTENDING —	MED. STAI	cc // /	ATE SIGNED
OR be r	ed with the	,		uspanie	47-	M.D.	PHYS.	MED. STAI		0/10/66
AL C	E /		22c. PHYSICIAN'S NAME (Type)	(horto D)	ARENGO	M.D	Stop Rof	ield Sta	to Hosp	1461
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should	Q P			1000116				23d LOCATION (Ci		
Ed Be	hau	23		23b. DATE THEREOF	23c. NAME OF CEME	TERT OR CE	LAS 41	1/4 La	Town 1	(County) (Stote)
5 5 5	2	Z	REMOVAL (Specify) FUNERAL DIRECTOR	3/17/66	ADDRESS AL	4956	= 250 RECT	RYREGISTRAR	2Sb. PAGISTRAR'S N	GNATURE .
VIII A15 ((4) Pr	1	TONERAL DIRECTOR	freel le ra	esta in	A Pro 1.	DAMP	14 1966	Juan	es judge



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS. CERTIFICATE OF DEATH funeral should I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) a. COUNTY 10 MARYLAND LIMOYE 12 P arro b. CITY OR TOWN (if outside corporate limits, and c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Š write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) STREET ADDRESS a. IS RESIDENCE ON A FARM? VIEW NUNSING YES NO X 0 NAME OF DATE Month Year DECEASED OF DEATH (Type or print) 1966 UNC 5. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. β. and last bythday) Months WIDOWED K DIVORCED physician remove USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRYS 1Db. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) 13. FATHER'S NAME WI MOTHER'S MAIDEN NAME affending pleas WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO.1 (Yes, no, or unkown) | (Ifvesolvewarprdetesofservice) 18. CAUSE OF DEATH [Enter only one cause per line les (e), (b), and (c) ģ ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE 10 DUE TO Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying certificate har cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.01. 19. WAS AUTOPSY CERTIFICATION PERFORMER? NO 🔽 2De. ACCIDENT WAS UNDERLYING . . . 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert I of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH IF SITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) Month, Day, Yeer y be retained by ECTOR: After factory, street, office bldg., etc.) While Not While Hour a.m. at work 21. Legrtify that (I) (this hospital) attended the deceased from ... / // / ... 19-57 10 Juny 26 b, and that death occured at ZAM, from the causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNATURE ATTENDING MED STAFF PHYS. DIRECTOR TO HOSPITAL
death. Page
TO FUNERA director, page be filled with t 22d. ADDRESS AZc. PHYRIGIAN CREMATORY (State) BURAL, CREMATION, 23b. DATE NAME OF REMOVAL (Specify YIa 255. VR A15 (4) 15M 7/61

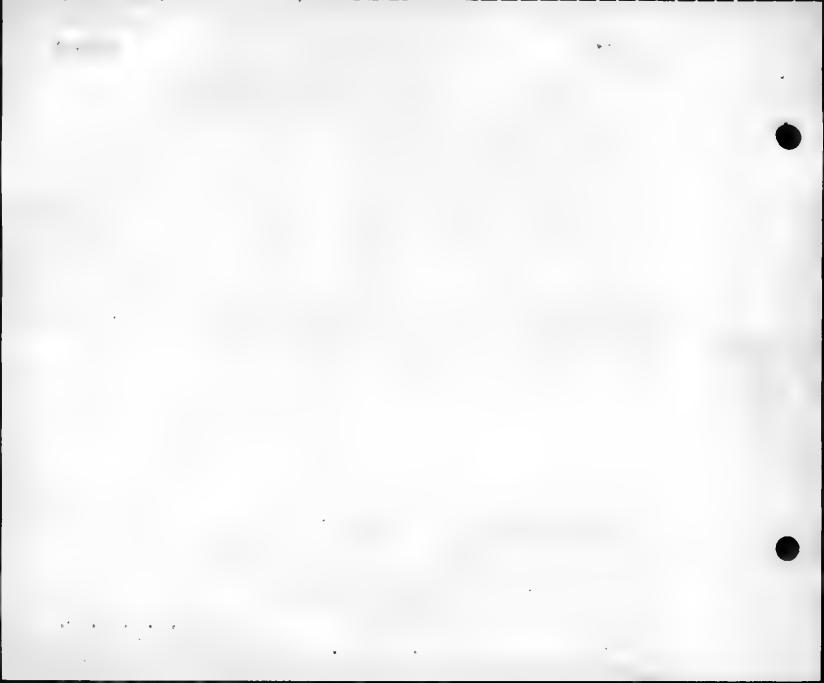


TAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before edmission) I. PLACE OF DEATH a. COUNTY 무건 MARYLAND by th b CITY OR TOWN (if oulside corporate c. LENGTH OF STAY IN 16 d STREET ADDRES e. IS RESIDENCE ON A FARM NAME OF DECEASED OF DEATH (Type or print) AGE (In years | IF JNDER 1 YEAR JE UNDER 24 HRS 5 SEX 7. MARRIED NEVER last birthday) WIDOWED 17 DIVORCED physician State, or foreign country) 12. CITIZEN OF WHAT COUNTRY! FATHER'S NAME please attending DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. (Yes, no. or unkown) (If yes a vewer or detex of service) CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BÉTWEEN ONSET AND DEATH PART & DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) DUE TO ARTERIOSCLEROTIC CARDIOVASCU Conditions, if eny, which gave rise to immediate cause DUE TO (e), stating the underlying cause last PART I, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY PERFORMED? NO F CERTIFICA. 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part I or Part II of Itam 18.) 20e ACCIDENT WAS JNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, ferm, ' 20f. (City or town) (Stete) 20c. TIME OF INJURY 20d. INJURY OCCURRED (County) Month, Dey, Yeer fectory, street, office bidg., etc.) Not While Hour a.m. et work et work p.m. 21. I certify that (I) (this hospital) attended the deceased from... M, from the causes and on the date stated above. (A), and that death occured at). ATTENDING MED. SIGNED PHYS. DIRECTOR PHYS. 22d. ADDRESS D & S VR A15 (4) 15M 7761



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

. 2	IVI	4		08315		CERTIF	ICATE OF	DEATH		0.8	303
death nerai and	deat	Ī		ACE OF DEATH COUNTY	1 / 1		0. 1	VAL RESIDENCE (Where	e deceased lived, if institu		before odmission)
fter e fu es 1	ıfter	\vdash	Ь	CARRO CITY OR TOWN (If outside corporate	limits	c LENGTH OF STAY	N 1b C CIT	Y OR TOWN (If outside	corporate limits, write Ri	JRAL and give p	egrest tawn)
haurs after of in by the funits. Pages 1	aurs		Ü	write RUBAL and give nearest town	1/10	35yA		F7	MORE	and give in	+
in 24 ha filled in papers.	172 h			NAME OF HOSPITAL OR INSTITUTION SPRINGFIE	(If not in haspital, gi	4.4	1 4	SID PAT	TAPKAA	5+	e IS RESIDENCE ON A FARM? YES NO IX
	withir		N.	AME OF	First	Middle	/ 4/ 11./0			oth .	Doy Year
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that the death certificate be executed within 24 haurs after death an. by the attending physician and campletely filled in by the funeral ransit permit. Then please refigore-carban papers. Pages 1 and	and in bus	1 d	Da U	ISUAL OCCUPATION (Give kind of work imast of working life, even if retired)	INC	ID OF BUSINESS OR DUSTRY	11 B	IRTHPLACE (County & Sto	ote or foreign country)	12 CITIZE CQUN	N OF WHAT
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ne death ce attending permit. Th	crematian, ar remaval,		(Yes,	VAS DECEASED EVER IN U.S. ARMED FOR na, ar unknown) (If yes give war ar d	RCES? 16, 3 lates of service)	OCIAL SECURITY NO	17 INFORM	VOSPIT.		ress ECORC	15
he d atte	ian,	-		18. CAUSE OF DEATH (Enter only on	ne couse per line far ((a), (b), and (c).)		VO 01 111	11-11-	CORC	INTERVAL BETWEEN
nat t y the msit	emd			PART I. DEATH WAS CAUSED BY IMMEDIATE C	AUSE (a)	Lalme	tritic				ONSET AND DEATH
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phy: sign	burial	1	- 1	anditions, if ony, which gave) ise to immediate cause (o),	(b)	nen con	Ju Car	- (P-	ne A) 	
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ar a ar a nte h	High High		<u> </u>								YES NO
日信を	ō		E	20a ACC†DENT WAS UNDERLYING □ DR CONTRIBUTING □ CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]		CRIBE HOW INJURY O	CCURKED (Enter no	ature at injury in Part	I or Part II of item: 1B.)		
C PH the ho	State Dept.	47,470	MEDICAL	2Dc. TIME OF INJURY Month, Doy, Yo Hour a.m. p.m.	ear 2Dd IN. While at work	JURY OCCURRED Not While at work		IJURY (Home, farm, et, office bldg., etc.)	20f. (City or town)	(Count	y) (State)
			ı	21. I certify that (I) (this	s haspital) attend	led the deceased	from 4/-	30,19	25 TOWANE 2.	5 , 1966	5, that (I) (we) las
OR:	t T		-	saw the deceased alive of 22g. SIGNATURE	on VUNE	25 1966,	and that deat	h accurred at 4	M, fram causes	s and an the	
DIRECT	ed with the			It assan	- A. f.	alit	M D. PH		O. STAFF ECTOR PHYS. [B 6/2	5/66
TAL ML Pag	14 Je			22c. PHYSICIAN'S NAME (Type) HASS	ONA	SALIH	7	DRING F	Field St	ate N	lospital
O HOSPI Page 4 r O FUNER director,) Jaule	1	23a.		TE THEREOF	23c NAME OF CEM			23d LOCATION (City or 1	, ,	ount() (Stote)
5 % 5 <u>a</u>	20	1		FUNERAL DIRECTOR	29 66	ADDRESS	r Hill	2So. REC'D BY	REGISTRAR 25b.		• Md•
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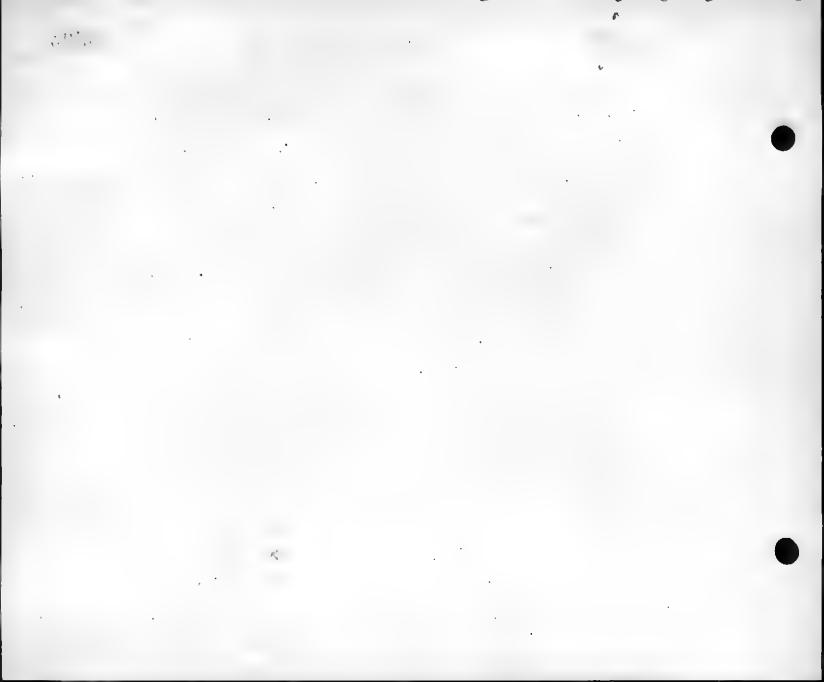


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 08316 requires that the death certificate be executed within 24 haurs after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission 1. PLACE OF DEATH impletely filled in by the funaral b COUNTY o. COUNTY Carroll Co. Baltamore MARYLAND papers. Pages I hin 72 haurs after c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson Sykesville 5vrs. IS RESIDENCE ON A FARM? d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street address) Springfield State Hospital on Southerly Ave YES NO A W Middle DATE Year Doy 3. NAME OF DECEASED Harry Stansbury Meyrich DEATH (Type or print) 8. DATE OF BIRTH 9. AGE (In years **!F UNDER NEVER MARRIED** SEX 6 COLOR OR RACE 7. MARR₁€D Months lost birthdoy) Dovs Hours 8-4-1888 DIVORCED WIDOWED 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State or foreign country) 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR physician of the plant of the p during most of working lite, even if retired) INDUSTRY Maryland Episcopaalian 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME signed by the attending phy burial-transit permit. Then p burial, crematian, ar remaval Grace A. Stansbury Joseph Weyrich the attending 17 INFORMANT 16 SOCIAL SECURITY NO. IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dotes of service) 216-36-1162 Springfield State Hosp.Records Sykesville no INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stoting the underlying couse as the priartal has been lost. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? CERTIFICATION be detached far use State Dept. af Health NO O FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18) 20o ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL (Stote) 20e PLACE OF INJURY (Home, form, (City or fown) (County) 20d. INJURY OCCURRED 20c TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Hour o.m. Not While of work at work 6-4 _, 19 C that (I) (we) lost 21. I certify that (I) (this haspital) attended the deceased from. 1966, and that death accurred at 2 25 M, from causes and on the date stated above. director, page 3 shauld shauld be filed with the saw the deceased alive an 22b. DATE SIGNED 220 SIGNATURE STAFF PHYS. ATTENDING PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S Springfield St. Hosp. Sykesville, Md NAME (Type) 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (County) 235. DATE THEREOF 23o. BURIAL, CREMATION REMOVAL (Specify) Cremation Baltimore 6/6/1966 Greenmount 2So REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 1905 Co ork Road & Sons VR A15 (4) 20 M 1/66 1966



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY . a. STATE b. COUNTY hours after Carrol MARYLAND arroll b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 7 hours ykesville Ye rs .⊆ Westminster filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS D. IS RESIDENCE ON A FARM? bon papers within 72 Jursing NO 😓 n and completely fremove carbon part any event, within YES executed within 3. NAME OF First 4. DATE Middle Last Year DECEASED (Type or print) [anue] eta DEATH White 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days | Hours | Min. WIDOWED DIVORCED Remale -9-1884 - E 10a. USUAL OCCUPATION (Give kind of workdone | 10b. KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) death certificate be INDUSTRY COUNTRY? Housewife Home Marvland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elisha Riggs Elizabeth Ridnely 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT been signed by the atten the burial-transit permit. r to burial, cremation, or (Yes, no, or unkown) [(If yes give war or dates of service) No None Mr. James Westmi 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) retained by the hospital or attending physician. 4201 **DUE TO** Conditions, if any, which gave rise to immediate or this certificate has bee detached for use as the te Dept. of Health prior to DUE TO cause (a), stating the underlying cause last. 66 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO Y 20a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. After Id be d While Not While at work at work p.m.the 21. I certify that (I) (this hospital) attended the deceased from orrector: age 3 should lied with the saw the deceased alive on. 1966 and that death occurred at M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED TO FUNERAL OIRE director, page should be filed v ATTENDING PHYS. STAFF M.D. DIRECTOR _ PHYS. Page 4 may HOSPITAL 22d. ADDRESS PHYSICIAN'S 22c. NAME (Type) Howard E. Hall, M.D. Sykesville, Maryland DATE THEREOF 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Grove Cemeterv Glenun od 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 20M

MARYLAND STATE DEPARTMENT OF HEALTH





DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before admission) 1. PLACE OF DEATH a. COUNTY Carrell b. COUNTY Naryland Frederick by the land 2 s MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 16 MINITER TENED THE HOURST TOWN) Woodsbore rad in b weeks papers. Pages in 72 hours after d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Brookfield Maner YES NO A NAME OF Middle Last 4 DATE Month Day Year complet DECEASED Trane Willhide Carria June DEATH 66 (Type or print) 19 and cor 至 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. birthday) 1893 Female Sept. WIDOWED T DIVORCED physician remove 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) does during most of weeking life, even if retired Home Frederick Co. Own USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME aftending Laura V. Keeney Fogle Edward 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, pr unkown) (If yes give wer or dates of service) Mrs. Myra Dersey Woodsboro. Md. by the INTERVAL BETWEEN 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). ONSET AND, DEATH PART I. DEATH WAS CAUSED BYhas been signed IMMEDIATE CAUSE (a) burial-transit DUE TO attending Conditions, if any, which (b) geve rise to immediate causa DUE TO le), stating the underlying cause last. the certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO USB 10 5 chuetto Prior Wasel 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of item 18.) Pol the Fis-(IF EITHER, NOTIFY MEDICAL EXAMINER) After 20e, PLACE OF INJURY (Home, farm, (County) (State) 20c. TIME OF INJURY 2Dd. INJURY OCCURRED Month, Day, Yeer factory, street, office bldg., etc.) While Not While Haur a.m. y be retaine RECTOR: et work at work D.m 19, and that death occured at M. from the causes and on the date stated above. saw_the deceased alive on..... 220. SIGNATURE ATTENDING STAFF **EIGNED** DIRECTOR PHYS. death. Page, TO FUNERA director, page be filed with the 22d. ADDRESS 22c. PHYSICIAN'S Caricofe Union Bridge. Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a, BURIAL, CREMATION, 123b. DATE THEREOF Nr. Woodsbore REMOVAL_(Specify) Rocky Hill Cometery Fred. Co. Md Burial VR A15 (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08320 CERTIFICATE OF DEATH death.

the death certificate be executed within 24 hours after death

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TO FUNERAL DIRECTOR: After this

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1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY Carroll o. STATE MARYLAND Baltimore (c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits. Syke sville ATENSVILLEDA 1 mo. h dys. e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADORESS Springfield State Hospital YES NO I 3 NAME OF Middle 4 DATE Inst Day Year DECEASED KARL ADOLF ZIMMERMAN (Type or print) **OEATH** IF LINDER 1 YEAR S. SEX AGE (In years IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIEO -B. DATE OF BIRTH NEVER MARRIED last birthday) Manths Days Haurs Male Whi te WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Co CAN Laborer PREFITER

13. FATHER'S NAME Germany U.S.A. Natural-14. MOTHER'S MAIDEN NAME ized. Anton Zimmerman Sophia Stocker 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, or unknown) (If yes give war ar dates of service) 214-03-4125 Records, Springfield State Hospital INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY ONSET AND OFATH Acute coronary insufficiency IMMEDIATE CAUSE (g). hours DUE TO Arteriosclerotic cardiovascular disease Canditions, if any, which gave vears rise ta immediate cause (a). DUE TO stating the underlying cause last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Haur a.m. factory, street, affice bldg., etc.) Not While at wark 2-10-00 6-14-66, 19___, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from. . to saw the deceased alive an_ 6-14-66 and that death occurred at 2:27 M. May couses and an the date stated above. 220. SIGNATURE 22b. OATE SIGNED H assan M.O. 6-111-66 22d, ADDRESS Springfield State Hospital 22c. PHYSICIAN'S NAME (Type) Hassan A. Salih. M.D. Sykesville, Maryland 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23a. BURIAL CREMATION EMOYAL (Specify) 2Sb. REGISTRAR'S SIGNATURE AODRESS 2Sq. REC'O BY REGISTRAR 24. FUNERAL DIRECTOR

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